Colorado's 2013 Annual Progress and Services Report

Submitted to:

Administration for Children and Families
Department of Health and Human Services

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Colorado Department of Human Services
people who help people

Table of Contents

Glossary of APSR Acronyms

ACF-CB	Administration for Children and Families, Children's Bureau
ARD	Administrative Review Division
APSR	Annual Progress and Services Report
BPCT	Best Practice Court Team
CAPTA	Child Abuse Prevention and Treatment Act
CDHS	Colorado Department of Human Services
CDRC	Colorado Disparities Resource Center
CFCIP	Chafee Foster Care Independence Program
CFRT	Child Fatality Review Team
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CIP	Court Improvement Program
CJA	Children's Justice Act
CCJTF	Colorado Children's Justice Task Force
CPM	Colorado Practice Model
CQI	Continuous Quality Improvement
C.R.S.	Colorado Revised Statutes
DIFRC	Denver Indian Family Resource Center
DCW	Division of Child Welfare
DR	Differential Response
DBH	Division of Behavioral Health
DYC	Division of Youth Corrections
ETV	Education and Training Vouchers
FFY	Federal Fiscal Year
HCPF	Health Care Policy and Financing
IH	In-Home
MCV	Monthly Caseworker Visits
NYTD	National Youth in Transition Database
OCE	Office of Early Childhood
OPPLA	Other Planned Permanent Living Arrangement
OOH	Out-of-Home
PIP	Program Improvement Plan
PSSF	Promoting Safe and Stable Families
QPT	Quality Practice Team
SFY	State Fiscal Year
Sub-PAC	Subgroup of Policy Advisory Committee
TANF	Temporary Assistance for Needy Families
Trails	Colorado's Statewide Automated Child Welfare Information System

Introduction

The Colorado Department of Human Services (CDHS) is responsible for the program areas of child and family services, youth corrections, behavioral health, economic security, child care licensing, and child care subsidy. CDHS is also the administering agency for Title IV-B, Title IV-E, the Child Abuse Prevention Treatment Act (CAPTA), Chafee Foster Care Independence (CFCIP) and, the Education and Training Vouchers (ETV) Programs.

This 2013 Child and Family Services Annual Progress and Services Report (APSR) describes Colorado's accomplishments through the current state fiscal year (SFY) 2013. The report reviews Titles IV-B Subparts 1 and 2, CAPTA, Adoption, Chafee Foster Care Independence Program and Education and Training Vouchers, Indian Child Welfare, Kinship Care and Title IV-E and Non-IV-E Foster Care Programs. All requirements of 45 CFR 1357 are included within the report.

This APSR updates the 2010-2014 Child and Family Services Plan (CFSP) objectives and describes how federal IV-B, CAPTA and CFCIP funds are used to accomplish the plan's priorities. The 2010-2014 CFSP outlines Colorado's vision, mission, guiding principles and programs/services that constitute the state's work with children and families. Additionally, the plan outlines goals, action steps, and baseline data to accomplish the outcomes of safety, permanency, and well-being for children and families in Colorado. Together, the CFSP and APSR contain the performance improvement planning elements of the Child and Family Services Review (CFSR). Information on state achievement of national performance standards and case-related outcomes are included in this APSR. The 2010-2014 Child and Family Services Plan may be accessed at: http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251591217601

In accordance with 45 CFR 1355.53, Colorado utilized its Statewide Automated Child Welfare System, Trails, in developing the APSR.

Organizational Structure

Office of Children, Youth and Families

The CDHS Office of Children, Youth and Families (OCYF), Division of Child Welfare Services (DCW), administers Colorado's child welfare program. The DCW consists of a group of services intended to protect children from harm and to assist families in caring for and protecting their children. Services are provided directly by county departments of human/social services. Domestic violence programs are delivered through contract providers, and youth detention and corrections are delivered through regional systems. DCW provides policy guidance and leadership on child protective services, youth in conflict services, and permanency services.

Colorado's child welfare system is state supervised and county-administered. The state oversees child welfare practice, provides policy direction, and 80% of the funding for services through a cost allocation formula statutorily established by the Child Welfare Allocation Committee. Counties contribute 20% of the funding through local revenues. The federal IV-E block grant is the primary funding source for county departments to provide child welfare services. Over the past 12 months, CDHS has engaged a financial consultant to work with DCW and the Child Welfare Allocation

Committee to develop a new funding allocation model that supports child welfare services in all counties. This new "Outcomes Model" is based on common components of child welfare practice and will fund incentives for positive performance in the areas of safety, permanency, timeliness, and quality of child abuse and neglect assessments. In addition, the new model rewards permanency over other forms of care, such as congregate care.

Recently, the Colorado Legislature has approved several child welfare reforms, investing a total of $22.1 million dollars this year to implement several prevention initiatives, increase caseworker and public access to data, support multiple training programs, and create a central hotline for reporting child abuse and neglect. In spite of the currently difficult financial climate and a growing population, the state and counties continue to achieve significant accomplishments in improving outcomes for children, youth and families. The impacts of sequestration are unknown at this time.

Child Welfare Demographics

In state fiscal year (SFY) 2012, there were 81,734 calls referred to child welfare, 34,512 of which were opened for assessment (investigation), and 47,222 were screened out. The assessments of families involved 58,660 children. In SFY 2012, 39,177 children had open involvements on 23,976 cases, of which 13,148 children were new involvements.

Race and ethnicity for the 39,177 children in open involvements are similar to that in previous years. Reports on race indicate that the majority of children were Caucasian (75.7%); followed by African American (11.0%), Native American (1.3%), Asian (0.6%), Hawaiian (0.2%), multiracial (5.0%), unknown (6.0%), missing (0.2%), and declined to answer (0.0%). Of these 39,177 children, 33.6% are Hispanic, 56.8% are not Hispanic, 5.4% are missing data, and 4.3% are unknown.

Colorado's gender distribution of children in open cases is 53.2% male and 46.8% female. The age distribution is:

- Birth to 3 15.7%
- 4 to 6 years 15.0%
- 7 to 10 years 19.4%
- 11 to 13 years 14.7%
- 14 to 17 years 22.8%
- 18 and Over 12.5%

<u>Office of Early Childhood</u>

The Office of Early Childhood (OEC), formed in 2012, is strategically partnering with OCYF in the state's child abuse and neglect prevention efforts. OEC administers Title IV-B, Subpart 2, Promoting Safe and Stable Families (PSSF), which align with the new child welfare prevention initiatives described in subsequent sections. OEC's structure brings together ten programs from four CDHS divisions that positively impact the lives of young children and their families: The ten programs are:

- Child Care Licensing
- Child Care Quality Initiatives
- Colorado Child Care Assistance Program
- Early Childhood Councils
- Early Childhood Mental Health Specialists

- Early Intervention Colorado
- Nurse Home Visitor Program
- Maternal, Infant and Early Childhood Home Visiting Program
- Colorado Children's Trust Fund
- Family Resource Centers Program

The new office demonstrates the shared commitment of the administration and state stakeholders to advance and improve early childhood supports and services and prevent child abuse and neglect. The Department Organizational chart is available at: www.Colorado.gov/CDHS .

1. Program Service Description

Title IV-B is the federal block grant that is used for a broad range of child welfare services. The funding includes Stephanie Tubbs Jones Child Welfare Services, Title IV-B, Subpart 1; and Promoting Safe and Stable Families, Title IV-B, Subpart 2; and Chafee Services. The funding is provided to protect and promote the welfare of all children; prevent the neglect, abuse or exploitation of children; support at-risk families through services which allow children to safely remain with or return to their families in a timely manner; promote the safety, permanency and well-being of children in foster care and adoptive families; and provide professional development, support, and training to ensure a well-qualified child welfare work force. This section of the report describes Title IV-B, Subparts 1 and 2.

Stephanie Tubbs Jones Child Welfare Services—Title IV-B, Subpart 1

The Colorado Services Continuum funded by Subpart 1 funds, described in the 2010-2014 Child and Family Services Plan (CFSP), includes a broad array of services that are supported and enhanced by community partnerships and collaborations. The continuum is available in varying degrees across the state depending on the resources of local communities and includes some or all of the following components:

- Prevention and family support services
- Early intervention and family preservation services
- Child protection services
- Youth in conflict services
- Foster care
- Permanency
- Aftercare and post-permanency needs

The CFSP describes the goals and objectives which set the strategic direction for Colorado's child welfare services. Colorado also has a Child and Family Services Review Performance Improvement Plan (PIP), approved May 1, 2011. The goals and objectives of both the CFSP and PIP are integrated in the Governor's "Keeping Kids Safe and Families Healthy" Child Welfare Master Plan.

The "Keeping Kids Safe and Families Healthy" Child Welfare Master Plan, unveiled by Governor John Hickenlooper and CDHS Executive Director Reggie Bicha on February 16, 2012, was briefly described in the 2012 APSR. "Keeping Kids Safe and Families Healthy" version 2.0 was introduced February 6, 2013 and builds on the framework of the initial child welfare plan. The Governor's Child

Welfare Master Plan, as it is known, is moving Colorado's child welfare services to the next level of excellence for children and families.

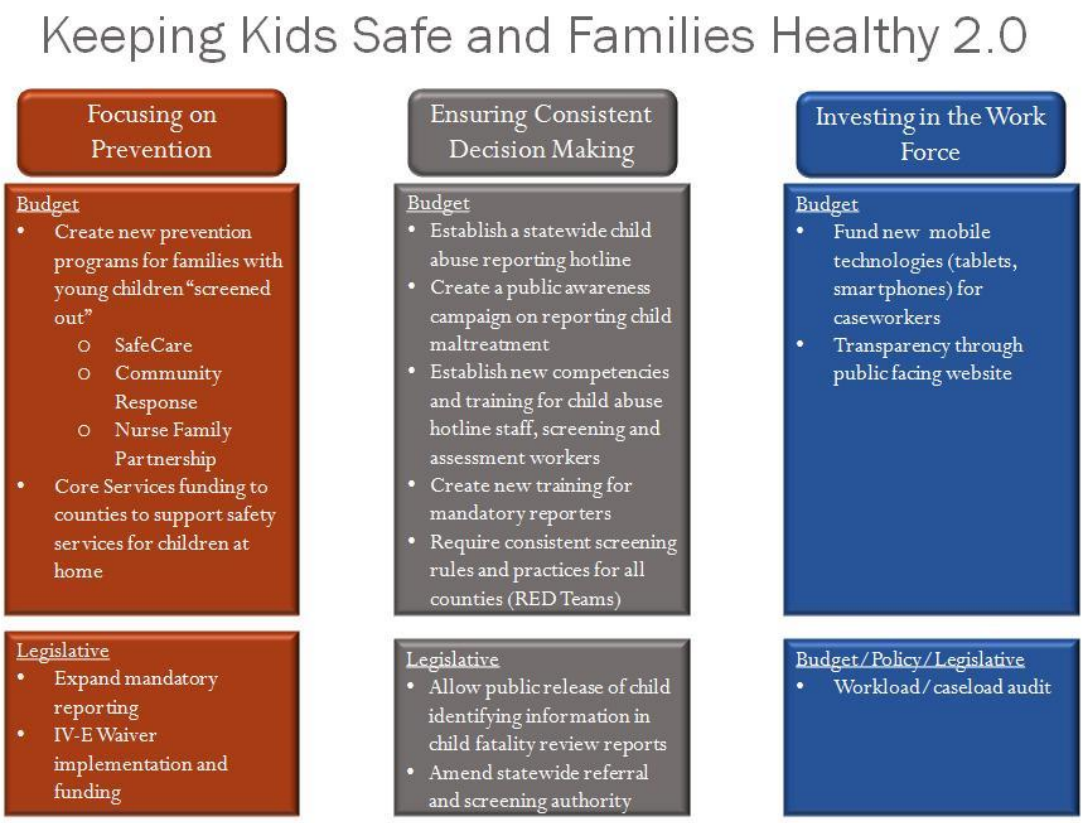
The original Governor's Child Welfare Master Plan established a common practice approach, a performance management system, work force development, funding alignment, and increased transparency and public engagement. Plan accomplishments include:

- Implementation of C-Stat, the state's performance management system;
- Title IV-E Waiver Demonstration awarded by the Department of Health and Human Services, Administration for Children and Families (ACF)
- Differential Response expansion
- Child Welfare Training Academy redesign
- Near Fatalities and Egregious Incidents added to Colorado's fatality review process
- Colorado Practice Model implementation in 35 counties and the Southern Ute Tribe
- Development and training of continuous quality improvement based practice teams in each county
- Planning to create interoperable data sharing systems

The Governor's Child Welfare Master Plan 2.0 enhances existing services and introduces new practices targeted at preventing child abuse and neglect. The plan increases access to prevention services; implements the Title IV-E Waiver Demonstration; authorizes research and development of a statewide child abuse reporting hotline; broadens work force development; and increases transparency and public engagement. The plan strengthens the continuum of services on the front end, providing the help families need before abuse occurs or escalates. It also ensures caseworkers have the training and support needed to make well-informed decisions.

Governor Hickenlooper's Child Welfare Master Plan 2.0

The following graphic depicts Governor Hickenlooper's Child Welfare Master Plan 2.0. Three themes for "Keeping Kids Safe and Families Healthy" are focusing on prevention, ensuring consistent decision making, and investing in the workforce. These themes are outlined in the graphic and described in greater detail below.



Focusing on Prevention

Primary and secondary prevention services are being expanded with evidence-based and state-funded programs that target families with children birth to five years of age. Child fatality trend analysis indicates the young children of these young parents are most at risk of abuse and/or neglect.

- "Program Area 3" is the newest CDHS program area, which allows funding to be used flexibly for prevention services. Colorado has never had a separate program area for prevention as part of the child welfare services continuum. Under House Bill 11-1196, counties have more flexibility in the use of child welfare block and core services funding; including prevention, intervention, and post-adoption services. The funding was previously restricted to placement prevention, family preservation, and other treatment services. Prevention services provided through PSSF funding, will be monitored and accounted for under Program Area 3 (PA3). Trails, our child welfare data system, is being reconfigured with a web-based site for community provider entries, facilitating evaluation and expenditure tracking. PA3 will be operationalized July 1, 2013.
- "SafeCare" is an evidence-based, behavioral parent-training program for families at risk of being reported for child abuse or neglect. Under the SafeCare program, counties will have the opportunity to provide services to at-risk families before they enter the child welfare system. SafeCare focuses on prevention, child interaction, home safety, and medical care. The program, developed in 1979, consists of 15 to 20 weeks of 90-minute sessions with families and has been shown to reduce maltreatment by 26%. Colorado will initially implement the program in three regions, and expand to nine sites over the next three years.

- The "Community Response Program", developed and implemented in Wisconsin, targets families who are screened out of child protection, but may benefit from information and referrals for economic security, child care assistance and community-based programs. Community Response will be implemented in six sites, with populations of 250,000 each, rolling out over three years to 18 sites.
- The "Nurse-Family Partnership" program will increase opportunities for families at risk for child abuse and neglect to obtain a service designed to increase maternal and child health.
- The "Two-Generation" approach, (defined as the legacy of economic security and educational success passing from one generation to the next) focuses on creating opportunities for and addressing needs of both parents and children together. This approach uses a framework of economic supports, education and skills building and social supports. The approach may be applied to programs, policies, systems and research to break the cycle of social and economic problems being handed down from one generation to another.

Ensuring Consistent Decision-Making

Colorado is working to ensure there is a consistent decision-making process on child abuse and neglect referrals. Several strategies target improvement:

- Training Academy Alignment: The new Colorado training vendor consists of the Kempe Center and its partners, the Butler Institute for Families at the University of Denver, Ridgewood Associates, and the Colorado State Foster Parent Association. A regional training model will be used to deliver training and education programs. Regional Training Centers will be located in the Metro-Denver, North East, South East, and West Regions. The training will emphasize and reinforce the Department's new initiatives and Governor Hickenlooper's Child Welfare Master Plan.
- A statewide training and implementation of an enhanced screening protocol that gathers additional safety information during the screening process.
- Statewide implementation of RED (Review, Evaluate, Direct) teams to review new child abuse and neglect referrals. RED teams, a practice component of Colorado's Differential Response Program (DR), uses a multidisciplinary collaborative approach to evaluating referrals and choosing the appropriate course of action. The program will be expanded to roll out in all counties, whether or not they are implementing DR.
- A Public Awareness Campaign and new training for mandatory reporters of child abuse and neglect that includes information about RED team procedures.
- Design and implementation of a statewide hotline for reporting child abuse and neglect to improve access for mandatory reporters and the public as well as to improve consistency of receiving and screening calls.

Investment in the Child Welfare Work Force

Child Welfare caseworkers are expected to manage multiple tasks and case documentation requirements. The funding of updated mobile technologies, such as tablets, phones and internet access to Trails, Colorado's Statewide Automated Information System, will help them manage their work. A workgroup is currently in the process of piloting these new technologies and will roll them out in the fall.

Child welfare caseload and workload size is a long-standing issue for the state and counties. The workload/caseload audit will be completed by Office of State Auditors and DCW and is anticipated

to inform the state and counties about appropriate levels of caseload, workload, and resources needed. It is currently in the planning phase with work to begin July 2013.

Colorado's Title IV-E Waiver Demonstration

Colorado's Title IV-E Waiver Demonstration, awarded by the Department of Health and Human Services, Administration for Children and Families (ACF) on October 23, 2012, is anticipated to roll out July 1, 2013. The waiver has $7.4 million to promote funding reform and implement new and expanded child welfare initiatives. As out-of-home (OOH) care numbers have continued to drop, decreasing Title IV-E revenues, the waiver provides an opportunity for Colorado to re-align funding with practices that help children. The waiver includes five interventions:

- Family Engagement
- Permanency Roundtables
- Trauma Informed Assessment (July 1, 2014 implementation)
- Trauma Informed Treatment (July 1, 2014 implementation)
- Kinship Supports

The Title IV-E Waiver Demonstration and additional financial reforms are critical to Colorado's ability to keep its practice initiatives current with the needs of children.

Colorado Child and Family Services Review Performance Improvement Plan

Colorado has completed its eighth and final quarter of the CFSR Performance Improvement Plan (PIP). Quarter one has been submitted and accepted by ACF Region VIII office with the remaining seven quarters in the process of being accepted. ARD completed a preliminary review of quarters two through eight and project that the accepted data will be meet all goals except PIP Item no. 20, which we anticipate will be achieved by September 2014. The PIP's non-overlapping year, ending September 2014, is critical to maintaining improved outcomes and ensuring every goal is met. The PIP goals were integrated into CPM implementation to serve as foundation for establishing quality practices. Finally, it has linked mutual goals between DCW and the Court Improvement Program. Completion of the PIP is described in subsequent sections.

Promoting Safe and Stable Families—Title IV-B, Subpart 2

Program Description

The Office of Early Childhood (OEC) now administers the Promoting Safe and Stable Families (PSSF), Title IV-B, Subpart 2, program. OEC will also administer Community Response Program and support Nurse Family Partnership, aligning with the DCW expanded prevention strategies. In 2013, PSSF will continue supporting current programs, and will refocus on supporting healthy families, and new preventive strategies as well as early childhood initiatives.

Currently, PSSF provides funding for the continuum of services in Colorado to 40 counties or local programs and the Ute Mountain Ute Tribe; serving more than 95% of Colorado's children. Funds facilitate partnerships between community-based organizations and the local departments of human/social services. PSSF programs are selected to receive funds through a non-competitive application process and the selection criteria for funding allocation are:

- The site being an existing PSSF site
- The site's proximity to a family resource center
- The number of legalized adoptions reported by the site

- The number of children under the age of 18, and the number of child welfare cases reported by the site

Colorado spent 20% of the funds on each of four identified programs: time-limited reunification, family preservation, family support, and adoption promotion support services. Local Programs submit a plan delineating the services that will be provided, yearly budgets, and the year's goals and objectives. These programs also include the following:

- Community and child welfare agencies that agree on the best outcomes and interventions for family and child interventions
- Development of mechanisms for which parents can be actively involved in professional processes
- Individualized treatment planning with family members as experts
- Formal and informal supports and services for families through neighborhood and community-based networking
- Integrated unrestrictive funding that supports the best services for children
- Development and maintenance of trusting environments; fostering coordination and collaboration

Parents and youth are involved in every aspect of the PSSF program and sit on community advisory councils in the local districts as a family advocate and/or consumer. Many parents and youth take an active role in developing their own service plans.

In addition to PSSF funds for county programs, additional funds are used to support CAPTA activities and statewide trainings. A PSSF Coordinator Training, slated for 2013, will provide orientation and information about the PSSF role in early childhood and prevention strategies.

The SFY 2012 outcomes highlighted the critical role PSSF had in keeping children safely in their own homes, improving permanency and providing for the well-being of families. Each of the state's goals were achieved or exceeded.

- 90% of all children served through PSSF will not have a confirmed report of maltreatment during the 12 month grant period
    - 10,384 children were provided services
    - 96% of children served did not have a confirmed report of maltreatment
- 95% of at-risk children receiving prevention services through PSSF will not enter an OOH placement during the 12-month period
    - 97% of children receiving prevention services did not enter OOH placement
- 640 children received adoption support services
    - 50% of the group was adopted
- 2,180 children were provided time-limited reunification services
    - 66% of these children were reunited with family or kin
- 4,377 children received family support services
    - 97% of these services resulted in positive outcomes, such as increased parenting capacity and family stability and self-sufficiency
- 1,087 families received post-adoption services
    - 99% of children remained with their adoptive families
- 16,351 one-time direct services were provided to Colorado families to help with basic needs for their children, improving the circumstances of the families and alleviating stressors

Progress Update on 2010-2014 CFSP Goals and Objectives

This section reviews the state's progress, relevant to the 2010-2014 CFSP goals and objectives, and describes any changes that are being made to the plan. The CFSP goals are based on Colorado's 2009 Child and Family Services Review findings, located in Appendix G and the overarching strategies of the PIP. These goals are consistent with the PIP approved May 1, 2011, and are incorporated in the Governor's Child Welfare Master Plan. The goals, which have been renumbered from the CFSP to align with the PIP primary strategies, are:

1. Management by child and family outcomes
2. Engaging Families
3. Enhanced permanency achievement for children
4. Assuring that children receive adequate services for their well-being

Colorado's progress is summarized according to the CFSP goals, the Governor's Child Welfare Master Plan and the PIP primary strategies. Current initiatives, collaborations and accomplishments are described throughout.

Management by Child and Family Outcomes

CFSP Goal: DCW will transition to management by child and family outcomes for the duration of the CFSP.
Governor's Child Welfare Plan: Implementation of a state performance management strategy.
PIP Primary Strategy 1: Improve consistency in practice and performance on outcomes for children and families.

Colorado's performance management system has evolved beyond the CFSP objectives, which were based on the introduction and consistent use of data by DCW and the counties. The current system has been built on three components:

- Implementation of the Colorado Practice Model (county continuous quality improvement)
- C-Stat, the state's performance management process
- Implementation of "Results Oriented Management" program (new infrastructure supporting the state-county performance management system)

<u>Colorado Practice Model</u>

The Colorado Practice Model (CPM) is the first phase of implementing a performance management system. CPM is a consensus-based child welfare model that builds continuous quality improvement (CQI) processes within a peer-support culture. It facilitates a common practice approach and builds outcomes-based decision making. Each CPM county is required to complete CQI training and form a Quality Practice Team (QPT). The QPTs function is to review county CFSR data, determine the cause/effect of performance issues, and implement strategies to improve performance. The project is in its fifth year (supported by the Mountains and Plains Child Welfare Implementation Center), and by the end of 2013, all counties will have implemented CPM. CPM implementation and a county CQI system are the new standard prerequisites for counties planning to obtain new funding sources directed at program development. Specifically, for counties wanting to participate in the Title IV-E Demonstration Waiver they will be required to join CPM. Colorado is implementing the final phase of the practice model in all the remaining counties.

C-Stat

C-Stat is the state performance management process, launched in 2012, that collects and analyzes a variety of real-time data comprised of CFSR measures, county scorecard measures, and state and county generated measures. C-Stat represents the second phase of the state's performance management system. As part of the Governor's Child Welfare Master Plan, during SFY 2013, the OCYF-DCW has focused on four of the 15 initial C-Stat permanency and safety outcomes:

- Safety assessment accuracy;
- Timeliness of assessment closure;
- Legally freed children discharged to permanency; and,
- Children in OOH care for greater than 24 months.

Monthly sessions are conducted by the CDHS Executive Director and his management team, in which they review outcomes and develop new action items for the division. State staff is accountable to complete the action items, contact counties with performance issues, and develop action plans with those counties. Given that the goals of CPM and C-Stat are aligned, the CPM implementation process has readied counties to address the action items arising from C-Stat.

Results Oriented Management

The University of Kansas "Results Oriented Management" (ROM) program, slated for September 2013 implementation, represents the third component of the performance management system. Funded with an ACF-awarded Interoperability Grant and state general fund dollars, ROM boosts infrastructure by improving county and state access to caseload/outcomes data extracted from Trails. ROM will also provide disproportionality/disparities data by county and state, supporting the work of the Colorado Disparities Resource Center.

Toward the end of the 2013 calendar year, CDHS and the University of Kansas will make aggregate state and county child welfare performance data available to the general public through a public facing website. These data will inform the public of how well individual counties and the state are performing in real-time on key child welfare outcome measures without disclosing the identities of any single individual or family. This effort will promote greater transparency and accountability at the administrative, program, and service levels.

Engaging Families

CFSP Goal: Engaging families to improve child safety and permanency
Governor's Child Welfare Master Plan: Implementation of consistent child welfare practice
PIP Primary Strategy: Strengthen and Reinforce Safety Practices

Improved child safety is contingent upon the child welfare caseworker's ability to engage the family in an assessment that determines the dynamics of the child abuse and/or neglect incidents and to accurately determine safety and risk issues. PIP action steps required that Colorado improve timeliness of investigations and improve the quality of safety assessments. The DCW Child Protection Team's safety/risk coaching plan entailed visits to all counties to assist with the improvement in accurate completion of safety assessment instruments. The action steps were

completed and performance is reflected below. Accurate completion of the safety assessment instruments continues to be an area needing improvement. As a result the CDHS Administrative Review Division continues to audit counties on this performance and track results at C-Stat. Timely closure of assessments, which is critical to child safety, is an added measure:

PIP performance	*Timeliness of response to initial abuse and neglect investigations, PIP Item 1*
	Goal 75.5% - PIP quarter one performance: 83% (Achieved)
	Services to protect children in the home and prevent foster care entry/re-entry, PIP Item 3
	In home Goal 78.1% - PIP quarter one performance: 75.4% (Not Achieved)
	OOH Goal 81.2% - PIP quarter one performance: 83.7% (Achieved)
C-Stat measures	*Safety assessment forms completed accurately*
	Goal 95% - April 2013 data : 83.7%
	Timeliness of assessment closure
	Goal 90% - May 2013 data: 84.8%

Counties underperforming on C-Stat measures are contacted by the DCW Child Protection Team for technical assistance and the development of performance plan.

Colorado is implementing a new safety instrument in the fall of 2013. The instrument, developed by a state-county work group, will guide caseworkers through the safety assessment process. The instrument has been tested for reliability and validity and counties will be trained on it prior to the rollout. The newly developed risk assessment tool will replace the North Carolina Family Assessment for Services tool previously used in the Colorado Assessment Continuum.

The Differential Response program, Colorado's two-tiered assessment system piloted and evaluated by Larimer, Jefferson, Arapahoe, Fremont, and Garfield counties, kicked off the first expansion cohort on May 6, 2013; with Adams, Boulder, Chaffee, Denver, Lincoln, La Plata, San Juan, Otero and Mesa Counties. The implementation plan to have RED Teams in all counties will ensure more consistent practices related to initial family engagement. In addition, the Title IV-E Waiver Demonstration family engagement initiative provides additional resources in the next year.

Family Engagement

Colorado is improving its family engagement practice. The CDHS Volume 7 Rule operationalized on May 1, 2012 required counties to implement family engagement. The rule will be modified in 2013 to provide an ability for the state to utilize outcome measures to monitor strategy impact on children and families.

The Title IV-E Waiver demonstration convening kicked off a state-county family engagement work group to develop a statewide model. The work group developed the following approach:

- Family Engagement meetings must target families who are involved with the child welfare system at some capacity. This may include involvement due to a referral of abuse or neglect, child well-being concerns beyond the control of the parent, a child's danger to self or others, or a youth at risk of delinquency.
- There are no geographic exclusions for other eligibility criteria.

- The family engagement meetings occur within 7 days of case opening or 69 days from the acceptance for assessment; within 7 business days of initial placement; and when in out-of-home care and DHS custody, every 90 days throughout the involvement with the family.
- In the event of an in-home services case, the formal Family Engagement meeting will occur every 6 months.

Thirty-six counties will implement Colorado's formal family engagement model effective with the anticipated July 1, 2013 rollout of the IV-E Waiver; and Colorado anticipates serving 10,958 families. Those counties have previously served 4,825 families through their county-specific processes.

Enhanced Permanency Achievement for Children

CFSP Goal: Enhanced Permanency Achievement for Children
Governor's Child Welfare Master Plan: Increase permanency for foster care children
PIP Primary Strategy: Improve permanency and well-being outcomes by increasing consistent services irrespective of where in the state the children, youth and family live.

Although Colorado meets the CFSR National Data Standards for timely permanency for children and youth in OOH care, it is challenged by the CFSR permanency composites. Composite detail is located in Appendix A. Particularly challenging are measures of timely permanency for children when they have been in OOH care for over 12 months. Many of these are older youth and strategies to reduce "other planned permanent living arrangement" (OPPLA) goals started with the assumption that this is not a goal that promotes legal permanency. The Colorado Department of Human Services Volume 7 Rules and Regulations were amended with language that prohibits OPPLA goals for children under 16. Permanency Site Visits, a Court Improvement Program/DCW collaborative, addressed the use of OPPLA goals starting with Denver, Boulder and Alamosa counties as pilots. Collaboration will focus on improvement of OPPLA goals in other counties through implementation of the Permanency Site Visits Action Plan, which is described in the Collaboration section of this report.

The CDHS Executive Team reviews monthly C-Stat measures for youth (and their counties of jurisdiction) who will not achieve permanency before their 18th birthday. C-Stat action plans have included collaboration between the divisions of Developmental Disabilities and Child Welfare to remove barriers to permanency. Permanency Roundtables or similar staffings involving DCW staff were held for 14 youth with developmental disabilities and 139 have occurred with youth that do not have developmental disabilities.

PIP performance
Permanency Goal for Child, PIP Item 7
Goal 88.4% - PIP quarter one performance: 88.5% (Achieved)
OPPLA, PIP Item 10
Goal 88.8% - PIP quarter one performance: 89.0% (Achieved)

C-Stat measures
Legally Freed Children Discharged to Permanency prior to 18th birthday
Goal 98% - April 2013 data: 98.4%
Children in OOH care for greater than 24 months
Goal: less than 28% - April 2013 data: 25.6%

Colorado's permanency work has been supported by Casey Family Programs and the Annie E. Casey Foundation. A youth-focused framework and culture has evolved over the time of their involvement, encouraging and supporting Colorado's permanency improvements.

Casey Family Programs

The Casey Family Programs support of the state's "Permanency By Design" project continues aiding Colorado in building the infrastructure and values to support older youth in achieving permanency and lifelong connections. Their work has included training and support to Judicial and guardian ad litems. The project includes the National Governors Association Three Branch Institute, No Time to Lose Project and Permanency Roundtables. The ongoing activities and work focused on older youth is critical to decreasing OPPLA permanency goals and increasing legal and relational permanency through family and community connections.

The DCW Permanency Roundtables Coordinator was hired in January 2013 as a result of a joint state, county, Casey Family Programs endeavor and is implementing a regionally-based expansion plan. Initial targets include youth with OPPLA goals and children/youth that have been in care longer than 12 months. Follow-up roundtables will be facilitated quarterly. Permanency Roundtable implementation takes approximately four months, as it involves training for the county coordinator and orientation for casework/agency staff and community stakeholders. Boulder, Denver, Jefferson and Pueblo Counties have implemented Permanency Roundtables. In addition, Permanency Roundtables are part of Colorado's Title IV-E Demonstration Waiver. It is anticipated that 34 counties will adopt Permanency Roundtables next year.

Annie E. Casey Foundation

The Annie E. Casey Foundation is working with Colorado to focus on several child/youth initiatives:

- Reduction of congregate care
- Reduction of OPPLA goals
- Development and definition of the continuum of care which will include alternatives to congregate care such as treatment foster care
- Targeted recruitment and retention
- Development of new foster and kinship resources

The Annie E. Casey Foundation (AECF) is conducting an in-depth analysis of individual counties' placement practices. AECF's goal is to encourage counties to find alternative placements to congregate care. Concentration on alternative placement options provides the opportunity to develop new resources and business models for youth in high-end care who are at risk of leaving the child welfare system without family or community connections. Treatment Foster Care is an example of a new resource that is being developed in Colorado.

The child welfare policy advisory committee (known as Sub-PAC) develops and addresses child welfare policy issues brought before it through collaboration, cooperation and effective communication on a statewide basis to improve the process of delivery of services for children, youth and families across the state of Colorado. Recommended by AECF and appointed by Sub-PAC, the time-limited "Treatment Foster Care Task Work Group" will address gaps in the service continuum. The roster includes the state's Medicaid, mental health, education, and child welfare agencies, as well as the State Foster Parent Association, foster parents, and other community

providers. The workgroup is developing recommendations for program standards, structure, fidelity, rate setting, assessment, and levels of care. The work group is also working on possible rules, foster parent and training standards, and (with BHOs and Medicaid) coding for medically necessary or discretionary services for children and youth. The group's recommendations are expected by early fall 2013.

Placement stability for children in OOH care continues to be a challenge for the state. Two strategies for placement stability have been initiated to improve the outcomes for children: education and trauma informed services. The Colorado Education in Foster Care Demonstration Project (referred to as the Educational Stability Grant) aims to create a promising practice that will keep children in the schools that they attended when entering the child welfare system. Currently, this initiative involves two demonstration sites, Denver and Adams Counties, in partnership with the CDHS Division of Child Welfare and the Department of Education. This collaborative is actively building a practice model that will support stability for children in foster care by keeping them in their home school. Once developed, the "Educational Stability" practice will be offered to all 64 counties in the state through the Colorado Practice Model on-line "Compendium of Promising Practices".

Recent emphasis by the ACF and the Children's Bureau on trauma and its impact on child development has been in the forefront of many new Colorado child welfare and behavioral health initiatives. A primary example is the "Trauma Informed System of Care" that DCW and the Office of Behavioral Health (OBH) are working on together. DCW and OBH are collaborating on implementing a new trauma assessment and treatment protocol as part of the IV-E waiver, infusing trauma informed practice into family engagement, permanency initiatives, kinship foster care, and many other practices designed to help children and families overcome trauma. Finally, DCW is working on developing a data infrastructure to support the Trauma Informed System of Care that will eventually operate in every county.

Well-Being

CFSP Goal: Assuring that Children Receive Adequate Services for their Well-Being
Governor's Child Welfare Plan: Creating a pathway to adolescent behavioral health services
PIP Primary Strategy: Improve permanency and well-being outcomes by increasing consistent services irrespective of where in the state the children, youth and family live.

Colorado's ability to improve the well-being of children and families is dependent on its current initiatives and performance management system. It is also contingent upon child welfare practices that involve all parties in the development of a family services plan, assessment of services needs and access to a wide array of services. Four PIP items target improvements in these areas:

PIP performance *Needs and services of child, parents, and foster parents, PIP Item 17*
In home Goal: 77.1 - PIP quarter one performance: 74.2% (Not achieved)
OOH Goal: 79.7% - PIP quarter one performance: 82.2% (Achieved)
Child and Family Involvement in Case Planning, PIP Item 18
In home Goal: 89.1% - PIP quarter one performance: 85.5% (Not achieved)
OOH Goal: 89.6% - PIP quarter one performance: 90.8% (Achieved)
Caseworker Visits with Child, PIP Item 19

In home Goal: 65.5% - PIP quarter one performance: 63.1% (Not achieved)
OOH Goal: 66.1% - PIP quarter one performance: 76.3% (Achieved)

Caseworker Visits with Parents, PIP Item 20
In home Goal: 75.1% - PIP quarter one performance: 66.4% (Not achieved)
OOH Goal: 76.9% - PIP quarter one performance: 76.1% (Not achieved)

Revisions to 2010-2014 CFSP Goals

ACF approved two PIP items moving to the CFSP/APSR for reporting:

- PIP # 1.e.6: "The counties of the largest 22 counties that demonstrate consistently low or declining performance below the established standards for two consecutive quarters will follow the Volume I corrective process to determine appropriate actions." This item will be reported in the CFSP. There are no county corrective actions or performance improvement plans at this time.
- PIP # 3.a.7: "ARD will monitor county policy compliance." This item was modified, per agreement with ACF, to have policy compliance monitored by DCW. The summary report is being submitted by DCW with the APSR as a separate, one-time report.

There are no Title IV-E issues outstanding; Colorado successfully passed the 2012 Title IV-E audit. Adoption and Foster Care Automated Reporting System (AFCARS) improvement plan changes continue per agreements with Administration for Children and Families, Children's Bureau, Central Office.

2. Collaboration

Colorado has established strong community collaborations; such as judicial system's Best Practice Court Teams, PSSF community partnerships, the Collaborative Management Program and cross-department and state-county partnerships.

Collaborative Management Program

The Collaborative Management Program (CMP), initiated through House Bill 04-1451, is the voluntary county development of multi-agency services provided to children and families by departments of human/social services and other mandatory agencies; including local judicial districts, health departments, school district(s), community mental health centers and behavioral health organizations, domestic violence services providers, substance abuse treatment providers and the Division of Youth Corrections. The program's purposes are to reduce duplication and eliminate fragmentation of services; to increase the quality and effectiveness of services provided; and to encourage cost-sharing among partner agencies. CMP leads to better outcomes among counties and contributes to a full continuum of care. CMP has grown from six counties in state fiscal year (SYF) 2005-2006 to 35 counties in SYF 2012-2013. CMP's organizational structure is guided by a state steering committee comprised of the supervising agencies, county departments and family advocates. State Executive Directors of each of the involved agencies meet annually, as statutorily required, to review the program and address barriers to the effective operation of the program.

County incentives are a unique feature of CMP. Incentives are provided to counties that meet their local CMP outcomes. Incentives, in the amount of $2,817,302, were distributed in SFY 2012 to Adams, Alamosa, Boulder, Chaffee, Conejos, Denver, Douglas, El Paso, Eagle, Elbert, Fremont,

Garfield, Grand, Gunnison/Hinsdale, Huerfano, Jefferson, Lake, Larimer, Logan, Mesa, Moffat, Montezuma/Dolores, Montrose, Morgan, Pueblo, Routt, Teller and Weld counties.

Colorado's Children and Youth Information Sharing Collaborative

The Collaborative Management Program and the Colorado Department of Public Health and Environment's Prevention Leadership Council formed the Colorado's Children and Youth Information Sharing Collaborative (CCYISC) in March of 2008. Its main purposes are to structure policy and procedures for efficient, appropriate and timely sharing of information between service agencies at the state and local levels. The CCYIS Information Sharing Release rolled out in April 2013 and statewide training will be completed in July 2013.

HB 05-1084 Implementation Committee

The HB 05-1084 Implementation Committee, made up of county, state and provider representatives, was originally charged with developing provider rates and exploring treatment options for difficult to place children. The Committee then redesigned Colorado's residential mental health program in SFY 2006. Today, the Committee continues to collaborate on refining the residential care program to meet the changing needs of the state's children and youth. The group continues to evaluate program operation, approve rate setting methodology processes, and fine-tune any remaining program design issues. SFY 2012 activities included:

- Medication errors—a group of state and county staff and providers participated in a work group to define various types/classifications of medication errors
- Short-term crisis stabilization beds were established to meet a services gap
- Elimination of prone restraints
- Discussion of the Office of Behavioral Health's findings from monitoring of residential child care facilities for mental health treatment
- Committee information sessions in an effort to become better informed about:
    - Trauma informed care
    - Collaborative education/foster care initiatives
    - Billing and background check processes

The collaborative work of the group continues to be essential to the well-being of children, youth and families who are involved with residential levels of care, and represents a strategy to improve placement stability.

Colorado Disparities Resource Center

The Colorado Disparities Resource Center (CDRC) was moved to the Kempe Center as a result of American Humane Association (AHA) closing operations in Denver. Founded in May 2009 by AHA, in partnership with the CDHS, CDRC maintains an active role in aiding in Colorado's continuing disparities focus via the CPM Project Operations Implementation Team and the Training Steering Committee. CDHS will utilize new data reporting tools through the Results Oriented Management (ROM) system to continue to inform counties about racial disparities in Colorado's child welfare system.

Collaboration between CDHS and Colorado's Judicial System

Colorado is divided into 22 judicial districts that have formed multidisciplinary teams designated as Colorado Best Practice Court Teams (BPCT), under the auspices of the Colorado Court

Improvement Program (CIP). BPCTs are operating in all jurisdictions. The collaboration between Colorado's Judicial System and CDHS contributes positively to Colorado's comprehensive, coordinated child and family services continuum. CIP is an integral partner in Colorado's CFSR and child welfare reform. The CIP executive committee entered into an agreement to collaborate with DCW on completion of the PIP action step requiring an assessment of the permanency practices in three counties. These counties utilized Permanency Site Visits as the vehicle for the assessment, and in 2012 a team comprised of DCW and CIP members conducted visits in Denver, Boulder and Alamosa Counties. During the writing of the Permanency Site Visits Report, it was determined that CQI implementation by the BPCTs was the next logical step to improving permanency.

Colorado's Best Practice Court Teams 2013 Statewide Convening, held April 14-17, kicked off the implementation of CQI in the Best Practice Court Teams. Ongoing technical assistance and training will be made available to the BPCTs.

The collaborative CQI implementation represents the culmination of the Permanency Site Visits action plan, submitted in the PIP fifth quarter report and is representative of systemic efforts:

- The Family Justice Information System (FAMJIS) continues to be recognized as one of the nation's best child welfare data exchange projects and continues to assist at the local level with the following:
  - Two new outcomes, "Children never removed from the home" and "Children re-entering the court's jurisdiction after case closed for two years", were added after the Permanency Site Visits.
  - The FAMJIS data exchange measures performance on specific items related to safety, timeliness, due process, and permanency, and is available to judicial officers and staff.
  - Quarterly training occurs in the areas of management reports, data integrity and data sharing between the two agencies.

CDHS Collaborations

State-county and CDHS cross collaborations have a critical role in maximizing resources available for child welfare reform and in improving outcomes for children and families. Examples of current collaborative efforts include the Title IV-E Waiver Demonstration, Differential Response, Permanency Roundtables, Trauma Informed System of Care, Educational Stability, Interoperability, and CPM. Information about the collaborations is documented throughout this report.

3. Program Support

Training Progress Report

Colorado is working on a redesign of its Child Welfare Training Academy, statutorily established in 2009. The Kempe Center was awarded the contract along with the University of Denver Butler Institute for Families, the State Foster Parent Association, and Ridgewood and Associates. This group, in partnership with CDHS, is scheduled to roll out the new child welfare training system July 1, 2013.

The training redesign builds on the Child Welfare Training Academy accomplishments and takes training to the next level with an updated curriculum that utilizes technology to deliver new research

and practice information. The redesign is a key strategy of the Governor's Child Welfare Plan. Colorado strives to have the most effective work force in the country. Redesign elements include:

- Transformation to a regionally-based model consisting of four county regional training centers; proposed sites are Garfield, Fremont, Larimer Counties and the Denver Metro area
- Recruitment and management of Child Welfare Practice coaches, pre-service, and in-service trainers
- Creation of new and updated Colorado-specific child welfare curricula and competencies in which more than 100 state and county staff reviewed and approved the new competencies
- Development of Child Abuse and Neglect Screener training—improving the consistency and quality of information collected from initial referrals
- Revisions of training materials to include Colorado's new initiatives as well as policy and rule changes
- Maintenance of a regional Coverage Caseworker list, comprised of caseworkers who are no longer working for a county, but have maintained certified status and who are available to fill temporary casework vacancies

Work Force Information

Colorado's work force is hired and maintained through the county human resources systems. Information is not available about the work force because there is not a detailed reporting mechanism for individual staff information between the state and counties. All staff hired by counties must meet the following state requirements:

Educational Requirements

1. Professional Entry Level Position
    a) Bachelor's degree with a major in a human behavioral sciences field
2. Professional Journey Level Position
   These personnel have obtained the skills, knowledge, and abilities to perform duties at the full independent working level through experience and education.
    a) A Bachelor's degree with a major in a human behavioral science field and one year of professional caseworker experience acquired after the degree in a public or private social services agency; or,
    b) A Bachelor's of Social Work degree with a major in public child welfare and successful completion of an approved field placement in a county department of social services; or,
    c) A Master's degree in social work or human behavioral sciences field.
3. Casework Supervisor Position
    a) A Bachelor's degree with a major in a human behavioral sciences field (no substitution) and three years professional casework experience at the journey level obtained after the degree; or
    b) A Master's degree or higher in social work or human behavioral sciences field and two years professional casework experience at the journey level obtained before or after the advanced degree.
4. Education Requirements

In order to meet the minimum educational requirements of a human behavioral science degree, the applicant must have a degree with major course work (equivalent to 30 semester hours or 45 quarter hours) in either development of human behavior, child development, sociology, family

intervention techniques, diagnostic measures, or therapeutic techniques such as social work, psychology and guidance and counseling.

Training Requirements

Newly hired social caseworkers and newly hired or promoted social services supervisors are required to successfully complete the Child Welfare Training, which consists of three web-based modules and four classroom modules (13 days), coupled with on-the-job activities conducted by the caseworker's supervisor at the county department. Foster parents are also required to complete pre-service training through the Child Welfare Academy. New caseworker, supervisor and foster parent evaluations are located in Appendix B.

Experienced child welfare caseworkers and supervisors are required to complete at least 40 hours of ongoing in-service training per year. The in-service training is focused in content areas such as, but not limited to:

- Assessment
- Interviewing
- Family engagement
- Legal issues
- Foster care and adoption
- Effects of child abuse/neglect on development
- Principles of strength-based, family centered, culturally relevant case planning and management
- Sexual abuse issues
- Behavioral health issues
- Domestic violence issues
- Cultural disparity

At a minimum, 16 of the in-service training hours are to be focused in the area of the caseworker's primary job responsibilities. Additional topics for supervisors are worker safety, and leadership and management. A list of over 350 training sessions for both new caseworker/supervisor/foster parents and ongoing trainings is located in Appendix C.

Current Work Force Demographics

Counties maintain information about their protective services work force. The Child Welfare Training Academy completed re-certification of 1,711 current child welfare caseworkers and 316 supervisors and 10 director/supervisors, in July, 2012. The demographics for the new trainees for 2012-2013 are representative of the current work force and are located in Appendix D.

The Governor's Child Welfare Master Plan includes a caseload/workload audit. In the planning phase, the audit is anticipated to provide information about the child welfare workload and the resources required to manage it. Staff classifications and case numbers may be taken from Trails, but educational degrees and service hire and end dates are maintained by each county. The child welfare caseload according to Trails, January 2013:

Source: Trails, January 2013	Statewide	Ten Large Counties

Number of workers ongoing	1,103	800
Ongoing Cases	7,654	5,897
Number of assessment workers	498	318
Number of assessments	6,324	4,918

Colorado does not currently have a caseload standard.

Technical Assistance and Other Program Support

The State's training/technical assistance needs are met through:

- Mountains and Plains Child Welfare Implementation Center—CPM implementation and sustainability
- The National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at AdoptUSKids—Foster Care Recruitment and Retention Market Segmentation Project and project assistance to Denver County with foster care recruitment
- Casey Family Programs—Permanency by Design, No Time to Lose projects
- Annie E. Casey Foundation—Increasing the use of Kinship and Family Foster Care resources and appropriate use of congregate care

The Department is currently consulting with the National Resource Center for Child Protective Services and the ACF Region VIII office to obtain possible assistance for the implementation of Colorado's central reporting hotline.

Research

Two research entities have an important role in Colorado's child welfare services: The Applied Research in Child Welfare (ARCH), a program of the Social Work Research Center, School of Social Work, Colorado State University, and Chapin Hall, University of Chicago. Colorado has been online with Chapin Hall's Data Center since 2010, contributing OOH placement and client data. Chapin Hall data is used by counties and the State for both cohort and longitudinal analyses. Both research entities are supported by a collaboration comprised of the State and 11 counties. Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo and Weld counties provided support to ARCH in the amount of $107,500 and CDHS provided $11,000 for 2012 to 2013. SFY 2012 ARCH accomplishments include:

- Implemented and completed Post-Adoption Finalization comparison study
- Designed, implemented, and completed Post-Adoption Finalization Survival Analysis study
- Published "Predictors of Family Preservation Outcomes and Child Welfare Success" study in Child Welfare
- Published update of Kinship Care Systematic Review for Cochrane and Campbell Collaborations, a non-profit entity that maintains and promotes the accessibility of systematic revisions in areas such as education, criminal justice, social policy and social care

4. Consultation and Coordination between Tribes and the State

This area describes the progress and accomplishments regarding the Indian Child Welfare Act (ICWA) and coordination of permanency provisions afforded to Indian children. CDHS provides the APSR to the Tribes.

Process used to consult with Tribes in the past year

On February 15, 2013, the CDHS Executive Director and the Executive Management Team of CDHS traveled to Cortez, Colorado to meet with the Southern Ute and Ute Mountain Ute tribes and local county departments. Some of the topics discussed included culturally-relevant placements, access to behavioral health treatment services, the availability of youth-related services, services for children on reservations that do not qualify for tribal registration, Core Services and Title IV-E funding, and the nature of relationships between the counties and tribes.

It was noted that Native American Indians reside in every county in Colorado with up to 20% residing in La Plata (Southern Ute) and 1% in Montezuma (Ute Mountain Ute). There are 30,000 residing in the Denver metro area, including Boulder. These individuals represent 200 tribes, with Navajo as the fastest growing and Lakota as the largest.

The Southern Ute Tribe has an intergovernmental agreement with La Plata County; and the Ute Mountain Ute Tribe and Montezuma County expressed interest in developing a similar agreement. The CDHS County Liaison is assisting with facilitation.

Participants indicated this is a new type of meeting, and it was agreed to convene annual meetings. Due to the number of Medicaid issues discussed, it is anticipated that a Colorado Health Care Policy and Financing member will be invited for the next meeting. The group agreed to focus on health and wellness at the next meeting.

To facilitate ongoing collaboration, the CDHS County Liaison attends the Colorado Commission on Indian Affairs quarterly meetings. DCW staff and county representatives attend the Denver Indian Family Resource Center (DIFRC) Steering Committee meetings where discussion items have included minority over-representation, ICWA training, and child welfare services. A member of DIFRC was recently appointed to serve on the committee to establish a statewide child abuse and neglect reporting hotline.

Level of compliance and the progress made to improve compliance with ICWA during the past year, as informed by consultation with Tribes

Colorado continues to evaluate its compliance with ICWA and how it can be improved. Although compliance has improved in recent years, progress has declined in the past year (see data below). DCW is participating in the ICWA Court Improvement Program Subgroup, which is using CQI processes, starting with a data review, to improve outcomes.

A work plan is being developed with local tribal representatives and DIFRC. Periodic trainings in different regions of the state have been coordinated by DIFRC and DCW. Counties also contract directly with DIFRC for various services and case management assistance.

The Training Academy provides ICWA training to new caseworkers and offers ongoing training. "Indian Child Welfare Act: Basics and Best Practice" training was delivered January 13, 20 and April 20, 2013.

Compliance with Identification of American Indian Children by County Departments
In following ICWA protocol, the Administrative Review Division (ARD) asks specific ICWA questions about every child whose case is being reviewed. County departments document Native American children in OOH care, and ARD reviews the child's ICWA status. The review includes a series of 10 questions relevant to the inquiries of Native American heritage, court findings, and tribal notification of the child's placement and court proceedings. ARD statewide data for SFY 2012, third quarter, indicates a compliance rate of 30.0%, representing a significant decrease in performance, from 42.1% for SFY 2011. The data reflects that improvements are needed in:

- Court orders determining that ICWA does NOT apply.
- Improved documentation of inquiry of Native American Heritage.
- Notification of all identified tribes sent to Bureau of Indian Affairs.

Notification of Native American parents and all tribes of State proceedings involving Native American children and the right of the tribe to intervene
Each of Colorado's 64 counties is expected to notify Native American tribes about Native American children. Most counties rely on their county attorneys to provide notification of proceedings.

Special Placement Preferences for Placement of Native American children
Colorado has not negotiated a special placement preference for the placement of Native American children. Colorado seeks to comply with all provisions of ICWA, including order of preference. In its statewide recruitment campaign, CDHS encourages individuals of all cultures to consider becoming foster parents. DIFRC has developed the Structured Analysis for Foster Home Evaluation Tool training in conjunction with CDHS. This nationally recognized assessment tool, used in the assessment of abilities to parent, is used for certification of Colorado's foster homes.

Active efforts to prevent the breakup of the Native American family
CDHS continues to set aside $25,000 in Core Services funds for each Colorado Tribe for family preservation and reunification services. The Southern Ute Tribe submits a Core Services Plan (family preservation and reunification services) each year, as required. The Southern Ute Tribe has an intergovernmental agreement with La Plata County to administer the funds and to enter required information into Trails on their behalf. The Ute Mountain Ute Tribe makes inquiries about the funds each year, but have not submitted a Core Services Plan. A Ute Mountain Ute Tribe representative is included in all Core Services Coordinator e-mails.

CDHS has asked local county departments to direct county resources to culturally competent organizations, including those who work with Native American families. County departments in the Denver Metropolitan area have contracted with DIFRC to extend the delivery of these services. These services are funded through Core Services and PSSF funds.

Use of Tribal Courts in child welfare matters, Tribal right to intervene in State proceedings, or transfer proceedings to the jurisdiction of the Tribe

Colorado strives to meet all of the requirements of ICWA and the Colorado Children's Code. Compliance is reinforced through caseworker and county attorney training on ICWA requirements and the right of Tribal Courts to intervene and/or transfer court proceedings to their courts.

5. Health Care Services

CDHS works in collaboration with the Title 19 Medicaid Agency, Colorado Department of Health Care Policy and Financing (HCPF) Children's Health Services Advisory Board. Board members consist of parents, a dentist, an orthodontist, therapists, pediatricians, family medicine practitioners and staff from Federally Qualified Health Centers, Colorado Community Health Network, and Managed Care and Behavioral Health Organizations (BHOs). The Board's primary function is to provide review and feedback on children's Medicaid policy changes/development. The Board has assisted DCW in meeting the requirements of P.L. 110-351, The Fostering Connections to Success and Adoptions Act and Section 205; P.L. 111-148, The Patient Protection and Affordable Care Act and P.L. 112-34, The Child and Family Services Improvement and Innovation Act. HCPF was instrumental in developing the Health Care Oversight and Coordination Plan for Children in Foster Care. The plan may be accessed at:
http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251591217601.

CDHS and HCPF sent members of their executive management teams to an ACF-Children's Bureau-sponsored summit, "Because Minds Matter: Collaborating to Strengthen Management of Psychotropic Medications for Children and Youth in Foster Care," on August 27 and 28, 2012. The team worked together to appoint a group of medical experts and community stakeholders to finalize and approve a new protocol for the management of psychotropic medications for children in foster care, Psychotropic Medication Guidelines for Children and Adolescents in Colorado's Child Welfare System. This protocol, developed in SFY2012-2013, amends the Health Care Oversight and Coordination Plan. The protocol is located in Appendix E. It was distributed to county departments, regional DYC offices and medical and service providers in June 2013.

6. Disaster Plans

Colorado has a Pandemic/Disaster plan in place for the state and county departments that facilitates specific activities in response to a disaster. The plan includes:

- Identifying, locating, and continuing services for children under county care or supervision who are displaced or adversely affected by a disaster.
- Responding to new child welfare cases in areas adversely affected by a disaster and providing services in those cases.
- Remaining in communication with essential county child welfare personnel who are displaced because of a disaster.
- Preserving essential program records outside of Trails.
- Coordinating services and sharing information with other states.

Counties have developed individualized disaster response plans detailing the specifics of their responses. Depending upon the nature and extent of a disaster, CDHS works in partnership with affected counties to provide support, oversight, and assistance. County Disaster Plans are

maintained by CDHS and are available upon request. CDHS also conducts department-wide incident command teams that review all the needs of each office within the department.

Colorado's disaster planning was utilized in 2012, with two destructive wildfires with significant property destruction and loss of life. The High Park fire, Larimer County, started June 9, 2012 and was contained on June 30, 2012, resulting in the loss of 259 homes. The Waldo Canyon fire, in El Paso and Teller Counties, ignited on June 23, 2012 and caused the loss of 257 homes. President Obama toured the fire-ravaged areas on June 29, 2012 and signed the Presidential Disaster Declaration, designating Colorado's eligibility for Federal Emergency Management Agency Disaster Relief.

The Waldo Canyon fire forced the El Paso County Department of Human Services to evacuate their building. With the assistance of the state, temporary operations were set up in vacant office space, and staff was able to access the technology, files and materials needed to provide services to clients and to work outside the office. Staff in all three counties monitored the well-being of their own family's safety as well as that of children in OOH care. Counties outside the affected areas monitored the safety of their children placed in affected counties. Both Teller and El Paso Counties were impacted by staff whose homes were in mandatory evacuation and pre-evacuation areas. The CDHS executive management team and numerous CDHS staff assisted with services and technology in El Paso County.

7. Foster and Adoptive Recruitment

Over the past 12 months Colorado has increased its recruitment efforts through the use of social media, including Facebook and Twitter. The Department will be using Pinterest in the coming months. The most recent staff hired for recruitment brings a background in marketing and social media that will complement these existing efforts. The Division worked closely with the Department's communications team this past year to develop the new Recruitment and Retention Plan located in Appendix H. The Department continues to use the Market Segmentation Targeted Plan as a backdrop to other recruitment and retention efforts. Participating counties and Native American Tribes include: Garfield, Broomfield, Eagle, Mesa, Teller, La Plata, Alamosa, Conejos, Huerfano, Las Animas, Rio Grande, Saguache, Fremont El Paso, Pueblo, Logan, Morgan, Moffat, Bent, Arapahoe, Jefferson, Boulder, Clear Creek, Elbert, Denver, Adams, Weld, Southern Ute and Ute Mountain Ute Tribes.

Ongoing Market Segmentation technical assistance includes:

- Monthly teleconferences for participating counties and tribes
- Training modules, such as "Creating Flyers"; "Using Facebook and Social Media for Recruitment and Retention"
- Stock photos available for county recruitment materials

In May and June 2013, Colorado hosted three statewide foster care appreciation events in Denver, Grand Junction and Pueblo. More than 400 foster families from county departments and child placement agencies attended these events. Executive Director Bicha honored foster families and thanked them for their support and service at the Pueblo event.

"Help Shape the Future" Media Campaign and National Foster Care Month

As a kick-off for National Foster Care Month, Colorado developed a series of public service announcements featuring eight former foster youth, titled, "Help Shape the Future". The campaign features a unique web "landing page" that will be used to track visits to the page and measure effectiveness. "Help Shape the Future" includes newspaper ads, radio, television, social media, and public service announcements across the state.

Adoption

Adoptions have consistently been an area of strength for Colorado. One-hundred-and-twenty-four adoptions were finalized in SFY 2012. Of these, 46 adoptions occurred in November, the month in which "National Adoption Day" is celebrated. The date coincided with Thanksgiving, therefore adoptions were scheduled throughout the month. Eighty-eight "actual day" adoptions, in eight counties, were completed throughout the year.

This past November, Governor Hickenlooper, via video, and Executive Director Bicha participated in the Adoption Exchange's Fantasy Ball to honor adoptive families of Colorado.

Colorado Heart Gallery 2012

The Heart Galley Premiere is an annual gala in November, which is National Adoption Month. The festive occasion provides the opportunity to thank the volunteer photographers and to unveil the current year's children's picture gallery.

- Colorado's Heart Gallery website, Facebook page and YouTube channel had more than 715 followers, and some posts have a reach of 10,000 people.
- Heart Gallery data indicates that of the 143 children featured, 71 achieved adoptive or legal guardianship status. Of the total, there were 22 sibling groups, 19 of which achieved permanent status.
- Three full and five "mini" Heart Gallery exhibits, featuring professional photos of 120 waiting children, traveled around the state with Alamosa, Garfield and Logan counties coordinating the travel and display arrangements. Hope International, Impact Orphans organizations and Fostering Families Today and Adoption Today magazines shared two of the mini galleries.
- CDHS continues to partner with Adopt Colorado Kids, a private, non-profit organization for coordination, scheduling and moving of the galleries and to manage the Colorado Heart Gallery photographers.

8. Monthly Caseworker Visit Formula Grants

Colorado's attainment of the 90% federal target goal for Monthly Caseworker Visits (MCV) illustrates the effectiveness of continuous quality improvement processes and corresponding culture change. With the establishment of the federal goals, Colorado convened a state-county work group to develop strategies to meet the 90% goal. Numerous counties purchased equipment that assists their caseworkers with documentation, and moved toward the target. In 2010, a DCW Child Protection Team specialist analyzed each county's data and visited with counties that were not meeting the goal. The counties expressed different barriers, and that a variety of solutions were needed. Data reports and entries were reviewed and coaching on quality visits and documentation was provided. Counties provided input about Trails changes. The MCV target was achieved in 2012. Counties continue to monitor performance and the Child Protection Team specialist

maintains oversight and provides technical assistance as needed. Counties are encouraged to share best practices and other strategies that increase caseworker accountability as well as timely and accurate data entry.

Six county departments of human/social services received a total of $65,000 in FFY 2013 funding for activities to improve caseworker visits; such as:

- Caseworker recruitment, ongoing training, and retention
- Equipment to increase accessibility to training
- Collaboration training to improve decision-making

Trails enhancements were funded to assist counties in sustaining MCV improvements and to accommodate the new federal formula. The SFY 2012 MCV report indicates 96.1% of caseworkers made timely monthly client visits when the child was in OOH care, representing an increase of 10.1%. This represented a total of 50,647 visits completed out of a required 52,687. Visits in the child's residence totaled 44,310 (87.5%).

Monthly Caseworker Visits 2008 to 2012

Year	Target	Achieved
SFY 2012	90%	96.1%
SFY 2011	90%	86.0%
SFY 2010	66%	76.0%
SFY 2009	64%	72.0%
SFY 2008	61%	69.1%

9. Adoption Incentive Payments

Although Colorado continues to meet and exceed National Data Standards for Adoption, no adoption incentives were received for FFY 2013. They have not been received since 2007, when the adoptions baseline was re-set thus increasing the numbers required to receive incentives. Colorado has not yet exceeded the new baseline for either adoptions in general or adoptions of special needs or older children. Adoption numbers are impacted by Colorado's decreased OOH placements and increased kinship/relative placements, which affect the numbers of actions to terminate parental rights.

10. Child Welfare Waiver Demonstration Activities

The CDHS-DCW was awarded a Title IV-E Demonstration Waiver on October 23, 2012 by the Children's Bureau. Information regarding the demonstration project is located on the CDHS website at: http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251641241277. The anticipated start date for the waiver interventions is July 1, 2013 with trauma informed assessment and trauma informed treatment starting July 1, 2014. The five-year waiver demonstration will run through June 30, 2018.

On April 5, 2013, CDHS announced the selection of an evaluator for the Title IV-E Waiver Demonstration. Human Services Research Institute (HRSI), Colorado State University and Chapin

Hall were awarded $500,000 per year to complete Colorado's evaluations. HSRI worked with CDHS to submit an evaluation plan in June 2013.

The Annie E. Casey Foundation and Casey Family Programs were instrumental in the Title IV-E Waiver Convening March 27, 2013, which small, medium and large size counties from across the state attended. On April 4 and 5, 2013, a large convening was held regarding Trauma Informed System of Care, with support, planning and funding from Casey Family Programs. As of June 20, 2013, Colorado's implementation and evaluation plans were approved. Colorado will officially begin implementation in July 2013.

11. Quality Assurance System

This section describes Colorado's Quality Assurance System's structure, functions and current and future needs. Early in its formation, CQI implementation is creating culture change and improving child and family outcomes.

Foundational Administrative Structure

With Colorado's state-supervised, county administered child welfare system the CQI system is complex and comprised of multiple entities and strategies. The state-level component is comprised of the Office of Performance and Strategic Outcomes, divisions of Administrative Review and Performance Management; the DCW Research, Evaluation and Data team; Trails, and the Governor's Office of Information Technology. The state provides data to the counties, and many also generate county-specific data on request.

The Administrative Review Division (ARD) operates an identifiable Quality Assurance system that is in place in every county and DYC region in which CFSP mentioned services are provided. Through reviews of OOH care, in-home services, assessments, screened-out referrals and the use of surveys, ARD evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures. ARD is a critical partner in selecting measures and collecting data for Colorado's PIP.

On January 1, 2013, The Child Fatality Review Team process was moved from the DCW Child Protection Team to ARD. On July 1, 2013, the foster care quality assurance unit will move to ARD. These changes create a separation between the program and review functions.

C-Stat, facilitated by the Division of Performance Management, started in 2012 as a key strategy of the Governor's Child Welfare Master Plan. C-Stat utilizes monthly data to join program and data teams together to work with counties to improve performance measures. The strategy allows every CDHS program to better focus on using outcome measures to drive practice. By identifying areas of focus, CDHS can determine success and areas needing improvement. DCW has identified four safety and permanency outcomes (aforementioned).

The DCW Research, Evaluation and Data team ensures the quality of data provided to the counties and for all divisional initiatives and reports. The team maintains a close working relationship with both ARD and Trails.

The Colorado Practice Model (CPM), implemented in 35 of 64 counties, has provided Continuous Quality Improvement tools and processes to each county's Quality Practice team (QPT). Counties are using the processes to assess outcomes and develop improvement strategies. When issues arise out of C-Stat, it may be recommended that the CPM QPT analyze the data and use cause/effect processes to determine the root causes of low or declining outcomes. The remaining 29 counties will implement CPM and be trained in CQI by the end of 2013.

The Applied Research in Child Welfare (ARCH), with the Social Work Research Center, School of Social Work, Colorado State University, uses Trails data to research practice issues. ARCH, a state-county partnership, analyzes practice issues of concern/interest to the counties and state so that improvements can be made as needed.

Quality Data Collection

Trails is the official case record for all child welfare documentation, and is one of the nation's state-county certified systems. ARD reviews to the Trails record. There are more than 150 reports that may be run by the counties for administrative purposes. The state runs reports from Trails for performance management, demographic, services and financial information. The Trails division is responsible for the coding and builds that accommodate the documentation and the "alerts" that assist caseworkers with case management. Trails is a dynamic system which needs frequent adjustments to accommodate the changing needs of programs, new formulas and web-based entry needs of the state, counties and providers. The Colorado Trails User Group (CTUG), comprised of county and state staff meets regularly to make improvements to the Trails system.

Case Record Review

The Administrative Review Division was established in 1991 as a comprehensive statewide system for assessing all Colorado children placed outside of their homes. Since 1996, the case file of every child and youth in OOH care for at least six months has been reviewed with a review instrument that closely mirrors that of the CFSR. ARD also reviews a stratified random sample of in-home cases semi-annually, conducts client satisfaction surveys, and conducts ad hoc reviews. Case reviews look at both compliance and quality of care. ARD reviews in-home services in the ten large counties every six months and yearly in the mid-sized and small counties. Review findings are provided to the county department administration. The county is informed of imminent safety concerns and documentation/practice issues that need to be addressed. DCW partners with ARD to meet with counties with practice trends indicating the need for coaching/training.

Analysis and Dissemination of Quality Data
ARD data is provided to the counties and DYC after reviews are completed. This data is also available through the ARD website.

The University of Kansas "Results Oriented Management" (ROM) program is scheduled for implementation in Colorado in September 2013. The ROM program will provide easily accessible real-time county level data reports, augmenting Colorado's current CQI capabilities.

The DCW Research, Evaluation and Data team provides data for DCW technical assistance and state-county projects and initiatives. The team distributes the County Scorecard, which provides information about 21 outcomes and the PIP goals to Colorado Practice Model counties on a quarterly basis. The team is also responsible for AFCARS and NCANDS and NYTD reporting.

Feedback to Stakeholders and Decision-Makers and Adjustment of Programs and Process
The state has developed the C-Stat process, which measures county-level data on a monthly basis and shares this data with counties and other stakeholders. In addition, CDHS publishes a quarterly C-Stat report, which is posted on the CDHS website. The use of data for determining adjustments to programs and processes is evolving with the C-Stat processes, which examine outcomes, rather than process data. The state has previously relied on process/demographic data.

Data is provided to the legislature to support funding requests and to counties as practice issues arise.

12. Services for Children under Five

Children under the age of five without a permanent family, in OOH care, have been a priority for Colorado. In 1994, "Expedited Permanency Planning" (C.R.S. 19-1-123) was adopted. It accelerates legal time frames and requires placement in a permanent home at 12 months for children under the age of six, or who are part of a sibling group.

Presently, there are 15 children under the age of five for whom permanent homes have not been found. In the 2012 APSR it was reported there were 661 children without permanent homes, but these were children who actually exited to permanency. Data trends for this group of children are located in Appendix F. The following items describe the prioritization of services for this group:

- Trails tracks the demographics and services provided to this group of children.
- CDHS Rules, Volume 7 provides specific child care licensing requirements for children age two and under; this includes limited ratios, infant/toddler specialized training, C.P.R., and first aid training.
- Volume 7 requires children under the age of five with an incident of substantiated abuse or neglect to be referred within 60 days of the incident by the county department to the appropriate state or local agency for developmental screening.
- The Colorado Assessment Continuum (CAC) includes this age group as a risk factor and makes appropriate mention in safety planning. Child welfare supervisors review and authorize all safety plans and Family Services Plans upon completion and every 90 days thereafter.

- New and ongoing training for child welfare caseworkers and foster parents address child development, the impact of maltreatment on child development, attachment, and bonding of infants and caregivers.
- The Governor's Child Welfare Master Plan 2.0's Nurse Family Partnership and SafeCare programs are focused on children under five years of age.

13. Child Maltreatment Deaths

All child fatality reports that occur as a result of maltreatment are recorded by county departments in Trails (National Child Abuse and Neglect Data System). In some specific instances (i.e.; no siblings in the home), law enforcement will investigate instead of county departments of human/social services. In those cases, investigation data will not be entered into Trails, although the findings may be documented in the referral information. In these instances, the NCANDS child file will not include these children and they will be reported in the agency file.

Prior to 2011, the Colorado Child Fatality Prevention Act addressed Colorado's two Child Fatality Review processes in the state, although the majority of the statutory authority in this Act specifically provided for the Colorado Department of Public Health and Environment's (CDPHE) child fatality review process. CDPHE's fatality team reviews all of Colorado's child fatalities, regardless of the cause of death, with the goal of developing prevention strategies. The Child Fatality Prevention Act contained limited statutory authority for the provision of a child fatality review process within CDHS.

During the 2011 legislative session, the passage of House Bill 11-1181 codified CDHS's Child Fatality Review Team (CFRT) and statutory authority through section 26-1-139 of the Colorado Revised Statutes. The statute outlines the objectives and duties of the county departments, CDHS, and the CFRT regarding reporting procedures and the fatality review process as well as specifies the structure/membership of the CFRT.

In 2012 the legislature passed Senate Bill 12-033, which amended statute to include the review and public disclosure of non-confidential information of near fatalities and egregious incidents of abuse or neglect. The statutory change creates greater alignment with the federal requirement under the 1996 Child Abuse and Prevention Treatment Act (CAPTA), which mandates states adopt "provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality", 42 U.S.C. 5106 § a(b)(2)(A)(x).

Child Abuse Prevention and Treatment Act
Annual Report

Colorado outlined six objectives for Child Abuse Prevention and Treatment Act (CAPTA) funding in the 2011 CAPTA Plan (referred to as the state plan):

1. Ensure that DHS is able to provide reliable, consistent, accurate, and timely information concerning records of and reports of child abuse and neglect.
2. Improve the capacity of the county departments to help children who come to their attention to remain safe from serious harm.
3. Assure the safety of children in OOH care.
4. Improve the capacity of 60 community-based child protection teams to assure the safety of children reported to local agencies.
5. Develop and strengthen the requirements for casework staff charged with overseeing and providing services to children and their families.
6. Assure protection, safety, permanency and well-being of children.

Additionally, in the 2012 CAPTA annual report, Colorado identified the following seven areas of emphasis for this reporting period from CAPTA (42 U.S.C. 5101 et seq.), section 106 (a) (1) through (14):

1. The intake, assessment, screening, and investigation of reports of abuse and neglect.
2. Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations; and improving legal preparation and representation.
3. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.
4. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols.
5. Developing, strengthening, and facilitating training including—
    (A) training regarding research-based strategies to promote collaboration with families;
    (B) training regarding the legal duties of such individuals; and
    (C) personal safety training for case workers.
6. Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.
7. Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

This 2013 report reviews progress in steps and strategies designed to meet the six state plan objectives, enhance the seven selected areas, align with Colorado's current program improvement plan, and cooperate with ongoing division initiatives. Because of the interrelated system of child welfare, many of the seven areas of emphasis not only connect with one another (including those areas not chosen), but also dovetail neatly with other areas. Each area of emphasis is structured to highlight these connections. Finally, this report outlines a plan for 2013 according to continued examination of data related to the prevention and treatment of child abuse and neglect in Colorado.

Area 1: (1) The intake, assessment, screening, and investigation of reports of abuse and neglect;

Connected to:

- State Plan Objective 1: Assure that DHS is able to provide reliable, consistent, accurate, and timely information concerning records of and reports of child abuse and neglect.
- State Plan Objective 6: Assure protection, safety, permanency and well-being of children.
- Colorado Practice Model
- CFSR Measures of Safety
- Recommendations of the Children's Justice Task Force
- Recommendations of the Child Fatality Review Team

Activities and Accomplishments:

Child Advocacy Center Forensic Training

Based on feedback from stakeholders in the Child Advocacy Community, two trainings were held in 2012 for forensic interviewers at these agencies. Additionally, funding was utilized to purchase a forensic training from an accredited center. This training has been adapted for Colorado law and rule, and will be presented for the first time in 2013.

Proposed Use of Funds in 2013:

Comprehensive Differential Response Model

Legislation signed by the Governor in 2012 allows for the strategic and intentional expansion of Differential Response. Because Colorado has adopted a rigorous model and plans to implement it with fidelity, there is a need for training and coaching. The state child protection unit and champions from the pilot counties will assist in training as additional counties begin the guided implementation process. CAPTA funds will be used to support additional assistance from outside experts in evaluation of further implementation.

Promising Practices In Safety, Assessment, and Investigation

The Colorado Practice Model team is working to identify promising and emerging practices in all areas of child welfare throughout the state. CAPTA funds will be used to support this effort. CAPTA's focus of resources will be in the area of safety, assessment, and investigation, including continued training and evaluation related to enhanced screening and RED team practices.

Area 2: Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations; and improving legal preparation and representation;

Connected to:

- State Plan Objective 2: Improve the capacity of the county departments to help children who come to their attention to remain safe from serious harm.
- State Plan Objective 4: Improve the capacity of 60 community-based child protection teams to assure the safety of children reported to local agencies.
- State Plan Objective 6: Assure protection, safety, permanency and well-being of children
- CFSR Measures of Safety

Activities and Accomplishments:

Court Collaboration

Ongoing and meaningful collaboration between DCW and the courts continues to occur through participation in the CIP. Current collaboration consists of the OCYF Deputy Director/DCW Interim Director serving on the CIP Steering Committee, and with state child protection program staff serving on the Colorado Dependency and Neglect Judicial Institute. Subject matter experts from DCW attempt to be present for training and workshop needs for judicial staff, and often use a presentation called "Behind the Scenes in Child Protection," which is continually revised and updated by the child protection unit to meet audience needs.

State and Regional Team (START)

The Kempe Children's Center's START (State and Regional Team) provided consultation and training. Services were utilized from a variety of disciplines, including a pediatric radiologist, a forensic child psychiatrist, and a forensic odontologist. This team has also been able to draw on specific areas of need, including recent inclusion of a toxicologist who provided insight on a unique case. The team's focus has been on rural areas, and this team has seen cases in recent years from a large majority of Colorado counties.

Youth and Parent Participation

DCW used CAPTA funds for inclusion of more parent and youth voices on steering committees, leadership teams, and task groups. Currently, the division is working closely with the State's Parent Leadership Council, a county Parent Partners program, and with Families First, a non-profit organization. Youth and parents served on the Children's Justice Task Force during this reporting period.

Proposed Use of Funds in 2013:

START Team

As CDHS looks for ways to improve support of county agencies, especially rural communities, START may grow as needed.

Youth and Parent Participation

DCW plans to continue the use of CAPTA funds for inclusion of more parent and youth voices on steering committees, leadership teams, and task groups.

Area 3: Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families;

Connected to:

- State Plan Objective 3: Assure the safety of children in out of home care.
- State Plan Objective 5: Develop and strengthen the requirements for casework staff charged with overseeing and providing services to children and their families.
- State Plan Objective 6: Assure protection, safety, permanency and well-being of children
- The Colorado Practice Model
- CFSR measures of safety, permanency, and well-being

Activities and Accomplishments:

Domestic Violence Response Training

DCW continues to partner with a national consultant to disseminate strategies for the management of co-occurring domestic violence and child welfare assessment and services. The training emphasized the need for multi-disciplinary, collaborative handling of these types of situations, including work with domestic violence advocates, batterer intervention programs, and child welfare caseworkers and supervisors. The Child Protective Services and Domestic Violence Coordinating Council (started in 2006) completed a practice guidebook in consultation with multiple county and state staff. CAPTA funds were used for printing costs for this work.

Applied Research in Child Welfare (ARCH) Project

DCW once again partnered with several counties and Colorado State University to evaluate and explore child welfare practice in Colorado.

Proposed Use of Funds in 2013:

Applied Research In Child Welfare (ARCH) Project

DCW plans continued funding of this collaborative effort.

Area 4: Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols;

Connected to:

- State Plan Objective 6: Assure protection, safety, permanency and well-being of children
- Colorado Practice Model
- CFSR Measures of Safety

Activities and Accomplishments:

Safety and Risk Coaching by Program Staff

As part of the PIP, state program staff visited counties throughout the year to provide coaching on safety and risk, including time spent testing current scenarios with the instruments. These coaching sessions have guided discussions across the state in improved use of these tools.

Validity and Reliability Study of New Colorado Assessment Continuum (CAC) Tools
A workgroup comprised of county and state representatives tested a new instrument to measure and assess safety, risk, and family functioning. The instruments were tested in 2013 by practitioners from across the state, using live data in trails to test for inter-rater reliability.

Proposed Use of Funds in 2013:
Implementation of New Colorado Assessment Continuum Tools
CAPTA funding will be available for implementation of these tools, including addressing data system needs, training, and quality assurance.

Area 5: Developing, strengthening, and facilitating training;

Connected to:
- State Plan Objective 6: Assure protection, safety, permanency and well-being of children
- Colorado Practice Model

Activities and Accomplishments:
Support of Practices in the Promising Practices Compendium
To promote integration with the work of the Colorado Practice Model, CAPTA funds will be used to evaluate, train and identify promising practices in child welfare. Counties are currently in the process of submitting promising practices for consideration in the Promising Practices Compendium. The Promising Practices workgroup will select some of the practices to move from the realm of 'emerging' or 'promising' toward a more evidence-based foundation. The close ties to outcome-based and data-driven casework and administrative strategies make this a good fit for the objectives outlined in the Colorado State Plan for CAPTA use.

Area 6: Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;

Connected to:
- State Plan Objective 5: Develop and strengthen the requirements for casework staff charged with overseeing and providing services to children and their families.
- The Colorado Practice Model

Activities and Accomplishments:
Chapin Hall
Access to data is essential to continuous quality improvement of practice and services in child welfare. DCW is committed to promoting the use of data driven decision-making in all areas of our work. CAPTA supports the use of Chapin Hall's longitudinal data on children in OOH care to improve practice in Colorado. Counties use this data during continuous quality improvement processes. Our contribution to Chapin Hall is representative of that work, as well as an asset to other projects via ARCH and the Colorado Practice Model. This support will continue in 2013.

Proposed Use of Funds in 2013:

Fostering Healthy Futures

DCW is partnering with the Kempe Center to disseminate "Fostering Healthy Futures", their evidence-based practice in trauma informed care of children in foster care. This two-year partnership will result in a cost analysis, implementation at various county sites in the metro area, and adaptation of the model to accommodate for the particular needs of rural areas.

Area 7: Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports;

Connected to:

- Colorado Practice Model: Systems of Care
- CFSR Well-Being Measures
- Governor's Child Welfare Plan

Activities and Accomplishments:

Systems of Care Start Up

DCW is supporting a collaborative effort by the Office of Behavioral Health (OBH) to assist in start-up of a System of Care model in eight counties. OBH was awarded a federal grant to initiate a Trauma Informed System of Care model in eight pilot counties. When more counties applied and scored well on the readiness assessment, the OBH and the DCW combined resources to be inclusive of counties that stepped forward to request assistance. The Trauma Informed System of Care model is a strategy of the Governor's Child Welfare Master Plan. El Paso County partnered with OBH and DCW to become the first county to implement a "Care Management Entity", an essential component of Colorado's System of Care model.

Proposed Use of Funds in 2013:

Program Area Three: Trails Adjustments/Data Tracking Systems

Trails requires changes to prevention systems, described previously as "Program Area 3". Application of outcome-based principles to implementation of new practices and program areas; and Trails is critical to evaluation and expenditure tracking.

Citizen Review Panel Reports

The following reports were selected for inclusion in the 2013 CAPTA Report and begin on the next page:

- Child Fatality Review Committee
- Institutional Abuse Review Team
- Children's Justice Task Force

STATE OF COLORADO

Colorado Department of Human Services
people who help people

1575 Sherman Street
Denver, Colorado 80203-1714
Phone 303-866-5700
www.cdhs.state.co.us

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

April 30, 2013

The Honorable John Hickenlooper
Governor of Colorado
136 State Capitol
Denver, CO 80203

The Honorable Irene Aguilar
Chair, Senate Health and Human Services Committee
201 East Colfax Avenue
Denver, Colorado 80203

The Honorable Dianne Primavera
Chair, House Public Health Care & Human Services Committee
201 East Colfax Avenue
Denver, Colorado 80203

The Honorable Beth McCann
Chair, House Health, Insurance & Environment Committee
201 East Colfax Avenue
Denver, Colorado 80203

Dear Governor Hickenlooper, Senator Aguilar, Representative Primavera and Representative McCann:

The Colorado Department of Human Services, in accordance with the statutory responsibility established through 26-1-139, C.R.S., submits the attached "Child Maltreatment Fatality Report 2012." The statute requires that, "On or before April 30, 2013, and each April 30 thereafter, an annual child fatality and near fatality review report, absent confidential information, summarizing the reviews required by subsection (5) of this section conducted by the team during the previous year," shall be developed and distributed to the Governor, the health and human services committee of the senate, and the health and environment committee of the house of representatives, or any successor committees.

Respectfully,

Reggie Bicha
Executive Director

cc: Senator Linda Newell, Vice Chair, Health and Human Services
Senator Larry Crowder, Health and Human Services
Senator John Kefalas, Health and Human Services
Senator Kevin Lundberg, Health and Human Services
Senator Jeanne Nicholson, Health and Human Services
Senator Ellen Roberts, Health and Human Services
Representative Dave Young, Vice Chair, Public Health Care & Human Services
Representative Kathleen Conti, Public Health Care & Human Services
Representative Justin Everett, Public Health Care & Human Services
Representative Janak Joshi, Public Health Care & Human Services
Representative Lois Landgraf, Public Health Care & Human Services
Representative Jenise May, Public Health Care & Human Services
Representative Beth McCann, Public Health Care & Human Services
Representative Sue Schafer, Public Health Care & Human Services
Representative Jonathan Singer, Public Health Care & Human Services
Representative Amy Stephens, Public Health Care & Human Services
Representative Max Tyler, Public Health Care & Human Services
Representative Jim Wilson, Public Health Care & Human Services
Representative Sue Schafer, Vice Chair, Health, Insurance & Environment Committee
Representative Kathleen Conti, Health, Insurance & Environment Committee
Representative Rhonda Fields, Health, Insurance & Environment Committee
Representative Joann Ginal, Health, Insurance & Environment Committee
Representative Steve Humphrey, Health, Insurance & Environment Committee
Representative Janak Joshi, Health, Insurance & Environment Committee
Representative Dianne Primavera, Health, Insurance & Environment Committee
Representative Amy Stephens, Health, Insurance & Environment Committee
Representative Spencer Swalm, Health, Insurance & Environment Committee
Representative Dave Young, Health, Insurance & Environment Committee
Members of the Colorado State Child Fatality Prevention Review Team
Julie Krow, Office Director, Children Youth and Families, CDHS
Marc Mackert, Director, Administrative Review Division, CDHS
Jay Morein, Office Director, Performance and Strategic Outcomes, CDHS
Dee Martinez, Deputy Director of Enterprise Partnerships, CDHS
Sarah Sills, Legislative Liaison, CDHS

Child Maltreatment Fatality Review Report 2012

April 30, 2013

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Executive Summary

The 2012 Colorado Department of Human Services Child Fatality Review Report focuses on identifying commonalities and making recommendations for improvements in the Child Welfare system based the findings from 37 substantiated child maltreatment fatalities, near fatalities, and egregious incidents that occurred in 2012. This includes demographic information from all 37 incidents, and more specific recommendations made as a result of the nine fatalities, two near fatalities, and one egregious event reviewed by the Child Fatality Review Team (CFRT).

In order to determine systemic issues, information from these 37 cases is combined with data regarding all child maltreatment fatalities occurring in Colorado over the past five years, as well as data at a national level and from research conducted within the child welfare field. Findings are categorized across four major areas and summarized by each category. Recommendations are also provided that address the issues discovered by the CFRT as well as those uncovered in the completion of this report.

Child Characteristics

The majority of child maltreatment fatality, near fatality, and egregious incident victims in Colorado in Calendar Year 2012 were White (38%) with a large percentage claiming Hispanic ethnicity (35%). More than two-thirds of the victims were male (68%). Approximately 65% of victims of an egregious, near fatal, or fatal child maltreatment incident in Colorado were age two or under, with approximately 87% of the victims being under the age of five.

Parent Characteristics

At the time of the child's death, the majority of the mothers and fathers were between the ages of 20 and 24, although the percentage of this category for mothers is significantly higher than fathers. Almost 50% of the mothers were under the age of 24 at the time of the child's death.

Environmental/Situational Characteristics

Several environmental/situational characteristics have been identified as having a relationship to child maltreatment fatalities. These characteristics include birth order, the number of children and adults in the household, family mobility and family composition. Information on these particular characteristics were not collected on the families and victims of child maltreatment fatalities, or on the egregious incidents or the near fatalities for 2012. Information on these characteristics will be gathered beginning in 2013.

Information on additional family stressors were available and found to be involved in a substantial portion of the cases, including substance abuse (30%), domestic violence (41%), and mental health (35%).

Policy Findings

The average number of Volume VII policy violations is one per report. It should be noted that two of the reports did not have any policy violations. Given that the reports cover any county involvement over the past two years, there is an even lower rate of policy violations per county involvement, indicating strong child welfare practice overall.

Recommendations

This report concludes with a list of recommendations intended to address many of the issues identified. Specifically, the list is broken into recommendations provided by the CFRT during the case specific reviews as well as recommendations occurring as a result of the larger analysis contained in this report. Many of these recommendations are at the county-level, and require collaboration between CDHS, the county, and county partners (e.g. law enforcement and mental health providers). Two recommendations have already been implemented via CDHS' C-Stat process: the monitoring of the proper use of extensions in assessments, and the accurate completion of the safety and risk assessments. Public health/awareness recommendations include the implementation of evidence-based prevention programs, such as Nurse-Family Partnership, a community response program and SafeCare, that may help reduce the likelihood of child maltreatment overall. Data collection recommendations include Trails modifications and concentrated efforts to collect data across fatalities, near fatalities, and egregious incidents.

Conclusion

The Colorado Department of Human Services intends for this report to help to better inform the Child Welfare practice, and the public, with the intent of reducing child fatalities resulting from maltreatment. As the recommendations are implemented, it is the Department's intent to keep the public informed of the progress being made.

Background

Approximately four children are fatally abused or neglected in the United States each day. During Federal Fiscal Year (FFY) 2011 there were approximately 3.4 million referrals made nationwide alleging maltreatment towards roughly 6.2 million children. In Colorado, county departments of human/social services received 81,734 referrals in State Fiscal Year (SFY) 2012.

Prior to 2011, the Colorado Child Fatality Prevention Act addressed Colorado's two Child Fatality Review processes in the State, with the majority of the statutory authority in the Act assigned to the Colorado Department of Public Health and Environment (CDPHE). The Child Fatality Prevention Act assigned limited statutory authority for the provision of a child fatality review process to the Colorado Department of Human Services (CDHS).

During the 2011 legislative session, House Bill 11-1181 was adopted, codifying the CDHS' Child Fatality Review Team (CFRT) and providing statutory authority through section 26-1-139 of the Colorado Revised Statutes. The statute outlines the objectives and duties of the county departments, CDHS, and the CFRT regarding reporting procedures and the fatality review process, and defines the structure and membership of the CFRT.

In 2012, Senate Bill 12-033 was adopted, amending statute to require the addition of a review by the CFRT of both near fatalities and egregious incidents of abuse or neglect, and public disclosure of non-confidential information. An incident of egregious abuse or neglect is defined as "an incident of suspected abuse or neglect involving significant violence, torture, use of cruel restraints, or other similar, aggravated circumstances." Near fatality incidents are defined as "a case in which a physician determines that a child is in serious, critical, or life-threatening condition as the result of sickness or injury caused by suspected abuse, neglect, or maltreatment." The change in statute brought Colorado in line with the federal requirements under the 1996 Child Abuse and Prevention Treatment Act (CAPTA), which mandates any state receiving CAPTA funds to adopt "provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality", 42 U.S.C. 5106 § a(b)(2)(A)(x). The change in statute enables the CFRT to gain a better understanding of the causes, trends, and system responses to child maltreatment; to develop recommendations in policy, practice and systemic changes to improve the overall health, safety, and well-being of children in Colorado; and to mitigate future child fatalities.

Beginning August 1, 2012, all County Departments of Human/Social Services (DHS) began reporting egregious incidents, near fatalities, and fatalities suspicious for child abuse and neglect to CDHS, within 24-hours of becoming aware of the incident. Within three days of being notified by the county, CDHS posts public notifications on its website, indicating that information regarding a qualifying incident was received; whether or not the child was living in their home or in an out of home placement; whether or not the case will be reviewed by the CFRT; and the child's age and gender.

The CDHS works closely with CDPHE's Injury and Violence Prevention Unit Manager to ensure each child fatality is tracked and evaluated. CDPHE reviews every child fatality in the state and has its own process for evaluating trends and emerging patterns. CDHS and CDPHE have a collaborative relationship in regards to the two review processes. Each review process serves a different purpose and each process is fully supported by the alternate agency. The Child Fatality Prevention System (CFPS) chair is one of the two state appointees from CDPHE to the CDHS CFRT. The CFRT chair is one of the two state appointees from CDHS to the CFPS. In addition to providing the CFPS staff with access to Trails, CDHS provides CFPS with information (county DHS, medical, police, and coroner reports) gathered by CDHS during its review of each reported child fatality, regardless of whether or not the fatality was substantiated for child maltreatment. Reciprocally,

CFPS notifies CDHS when a child abuse and neglect (CAN) fatality of a Colorado resident is identified that does not appear to have been reported to any DHS agency.

The CFRT conducts in-depth case reviews of incidents of egregious child abuse or neglect, near fatalities, or fatalities within 30 days of receiving the necessary documentation from the county DHS when the following criteria are met:

1. The incident was substantiated for fatal or severe abuse or neglect; and
2. The child or family had previous involvement with a county DHS in Colorado within two years prior to the incident.

A case-specific review report is written within 30 days of the CFRT review. Once the report is completed, county DHS representatives have 30 days to review the report and submit written comments. CDHS has another 30 days following the receipt of written comments from the county DHS to finalize the report. The Case-Specific Executive Summary Report, absent confidential information, is posted on the CDHS website within seven days of finalizing the report. The flowchart in Appendix A depicts the entire review process timeline.

Statute further requires that, on or before April 30, 2013, and by each April 30th thereafter, CDHS shall prepare an Annual Child Fatality and Near Fatality Review Report, absent confidential information, summarizing the reviews conducted by the team during the previous year. The report is to be transmitted to the Governor, appropriate legislative committees, the Colorado State Child Fatality Prevention Review Team, and made available to the public on the CDHS website.

Given the amount of time required, and statutorily authorized, to complete the review process and to draft reports, incidents of fatal, near fatal, and egregious child maltreatment in the last few months of one calendar year are likely to be reviewed by the team the following year. Due to this, there will be a 'carry over' effect each year.

Overall, the CFRT reviewed 20 child maltreatment fatalities, near fatalities, or egregious incidents in CY 2012. Eleven of the reviews were completed on fatalities that took place in 2011. Of these 11, reports have been finalized on 9. The other two are currently being finalized. While there were a total of 12 incidents during CY 2012, only 9 were reviewed by the team during the calendar year. Due to the incidents occurring late in 2012, the remaining three will be reviewed by the CFRT during 2013. Further, of the nine reviews of 2012 incidents that were completed, full reports have been finalized for seven. At the time of this report, the other two reports were awaiting additional information and review.

Objectives of the Annual Report

As intended per legislative declaration and statute, this report has the following objectives:

- To understand the causes of the reviewed incidents of egregious abuse or neglect against a child, near fatalities, and fatalities;
- To identify any gaps or deficiencies that may exist in the delivery of services to children and their families by public agencies responsible for mitigating child abuse, neglect, or death;
- To make recommendations for changes to laws, rules, and policies directed at child welfare practice that will support improved outcomes for Colorado's child welfare system.

Contents

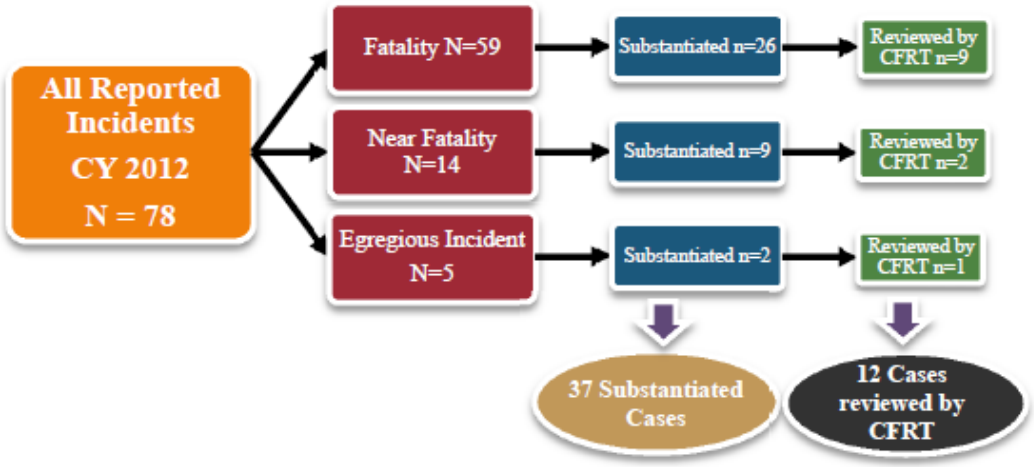
Overview of the 2012 Child Maltreatment Fatality, Near Fatality, and Egregious Incident Victims

All County Departments of Human/Social Services (DHS) must report to CDHS all egregious incidents, near fatalities, and fatalities suspicious for child abuse and neglect. In CY 2012, it was reported that 78 children were victims of a suspected egregious incident, a near fatality, or a fatality as a result of child maltreatment. Of the 78 child victims, 59 incidents were fatalities, 14 were near fatal incidents, and five incidents were egregious. After a thorough assessment of each incident, 56% of fatalities, 36% of near fatalities, and 60% of egregious incidents were found to be unsubstantiated for abuse or neglect, and therefore were not considered to be a result of child maltreatment.

The cases deemed substantiated are therefore the result of child maltreatment and there is a "Founded" disposition against the person responsible for the abuse. In CY 2012, 37 cases were substantiated and, of these cases, 12 had prior involvement with county departments of human services within two years of the substantiated incident.

The cases that are substantiated and have the prior involvement required for an in-depth case review are referred to the Child Review Fatality Team (CFRT) process, which includes a full review of the incident and recommendations around policy and practice considerations. In CY 2012, 12 cases were reviewed by the CFRT: 9 fatality cases; 2 near fatality cases; and 1 egregious incident. Each case reviewed by the team produces a written report that is posted to the CDHS website (with confidential information redacted).

The flowchart below depicts the breakdown of the incidents reported in CY 2012. Appendix B contains a list of the counties where the family resided and the date of incident, by incident type.



For purposes of this report, the majority of the analysis focuses on the 37 substantiated cases of child maltreatment fatalities, near fatalities, and egregious incidents reported to CDHS. Table 1 provides an overview of the demographic characteristics of the 37 substantiated incidents that occurred in CY 2012.

Table 1: Summary Information of all 37 Substantiated Child Maltreatment Fatalities, Near Fatalities, and Egregious Incidents from Calendar Year 2012

Characteristic	Detail	Fatal	%	Near Fatal	%	Egregious	%
Age of Child at Incident	Less than one year	10	38.5%	6	66.7%	0	0.0%
	2	6	23.1%	2	22.2%	0	0.0%
	3	3	11.5%	0	0.0%	0	0.0%
	4	3	11.5%	0	0.0%	0	0.0%
	5	2	7.7%	0	0.0%	0	0.0%
	7	1	3.8%	0	0.0%	0	0.0%
	11	1	3.8%	0	0.0%	0	0.0%
	14	0	0.0%	1	11.1%	0	0.0%
	15	0	0.0%	0	0.0%	1	50.0%
	16	0	0.0%	0	0.0%	1	50.0%
Race/Ethnicity	White	8	30.8%	5	55.6%	1	50.0%
	Hispanic	11	42.3%	2	22.2%	0	0.0%
	African American	5	19.2%	1	11.1%	1	50.0%
	Asian	0	3.8%	1	0.0%	0	0.0%
	Pacific Islander	1	0.0%	0	11.1%	0	0.0%
	Unknown	1	3.8%	0	0.0%	0	0.0%
Gender	Male	17	65.4%	6	66.7%	2	100.0%
	Female	9	34.6%	3	33.3%	0	0.0%
Family Structure	Two Parent Home	13	50.0%	7	77.8%	0	0.0%
	Single Female	10	38.5%	2	22.2%	1	50.0%
	Single Male	1	3.8%	0	0.0%	1	50.0%
	Divorced Parents	1	3.8%	0	0.0%	0	0.0%
	Foster Care	1	3.8%	0	0.0%	0	0.0%
Additional Family Stressors	Substance Abuse	9	34.6%	1	11.1%	1	50.0%
	Mental Health	8	30.8%	3	33.3%	2	100.0%
	Domestic Violence	10	38.5%	5	55.6%	0	0.0%

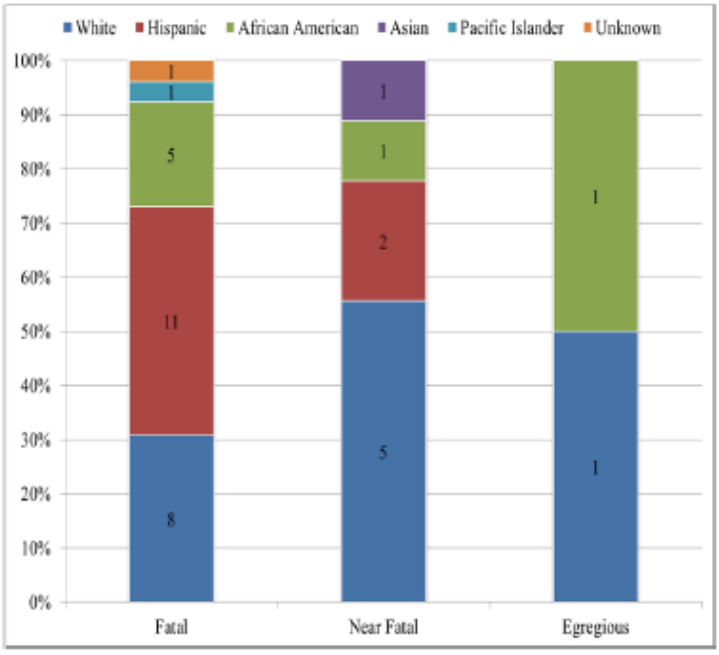
Data and Demographics

Within the field of child welfare, studies have indicated a number of factors related to maltreatment, including: 1) child characteristics; 2) parent characteristics; and 3) environmental/situational characteristics. While fatalities may share certain characteristics that can be used as indicators of risk factors, there is no one profile that will allow child protection workers to identify either perpetrators or children who will become victims. Little research has been conducted on incidents of near fatalities and egregious abuse or neglect.

Child Characteristics

The Child Maltreatment 2011 publication (published annually by the United States Department of Health and Human Services Administration for Children and Families), the most current data available, provides aggregate information on key demographic characteristics of the children reported to the National Child Abuse and Neglect Data System (NCANDS) whose death was "caused by an injury resulting from abuse or neglect, or where abuse or neglect was a contributing factor." The determination of when abuse or neglect is considered a contributing factor is left to each individual state. Comparing demographics of the children reported nationally to those of fatalities occurring in Colorado is used to identify similarities with, and differences from, national trends. National data is not available for near fatal or egregious incidents.

Chart 1: Race/Ethnicity of 37 Substantiated Child Maltreatment Fatalities, Near Fatalities, and Egregious Incidents in Colorado for CY 2012



Race/Ethnicity

Nationally, 41% of child fatalities are White, 28% are African American, and 18% are Hispanic.

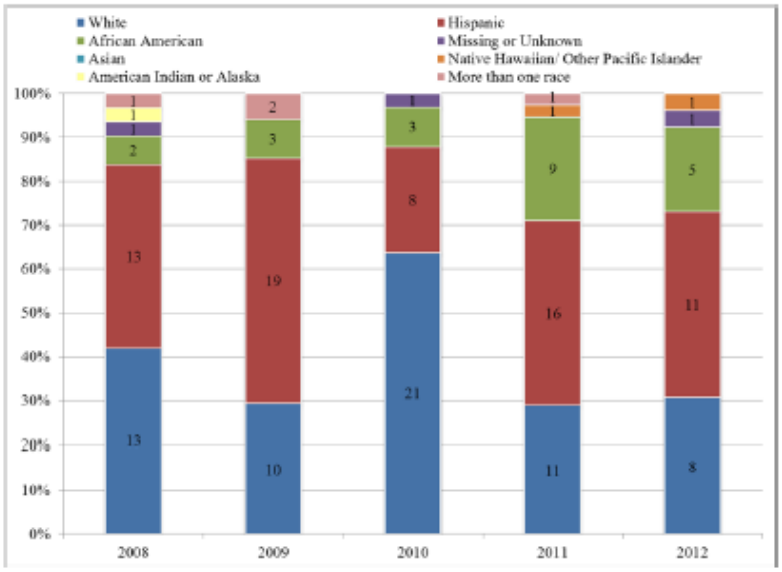
Chart 1 displays the race/ethnicity for the 37 substantiated child maltreatment fatalities, near fatalities, and egregious incidents that occurred in Colorado in 2012. For fatalities, the most frequent race/ethnicity was Hispanic (42%) followed by White (31%).

Race and ethnicity data from the Colorado State Demographers Office indicate that in 2010, 71% of Colorado's population was White and 4% was African American. Approximately 20% of the population is of Hispanic or Latino origin.

Chart 2 shows the race/ethnicity of all child maltreatment fatalities in Colorado over the past five years. For calendar years 2008 and 2009, the racial/ethnic composition of Colorado's child maltreatment fatality victims matched national trends. White children had the highest occurrence of fatalities or were equal to the

occurrence rate of Hispanic victims. In CY 2009, Hispanic children, for the first time, had the greatest share of fatalities in Colorado. This trend has continued in 2012, with Hispanics comprising more than 42% of the child maltreatment fatalities. Unlike the national child fatality characteristics, African American children represent the third highest group of fatalities in Colorado. This analysis does not represent rates of abuse within given race/ethnicity, but just race/ethnicity as a percentage of all fatalities reported in the given calendar year.

Chart 2: Race of Victims in All Child Maltreatment Fatalities in Colorado over the Past Five Calendar Years



Gender

Nationally, in FFY 2011, 59% of child maltreatment fatality victims were boys. In Colorado, in CY 2012, boys accounted for 65.4% of the substantiated child maltreatment fatalities. Boys also were victims of two-thirds of the near fatalities, and both of the egregious incidents.

In the recent past, Colorado mirrored national trends, in regard to gender of child fatalities. Prior to 2008, the general majority of the victims in child maltreatment fatalities were female. In 2008, the trend reversed, and boys became the slight majority. In the past two calendar years, boys accounted for more than 60% of the victims (see Chart 3). In 2012, boys accounted for 65% of the victims of child maltreatment fatalities. This percentage has been on the rise since 2008 (see Chart 4).

Chart 3: Gender of Victims in Substantiated Child Maltreatment Fatalities, Near Fatalities, and Egregious Incidents in CY 2012

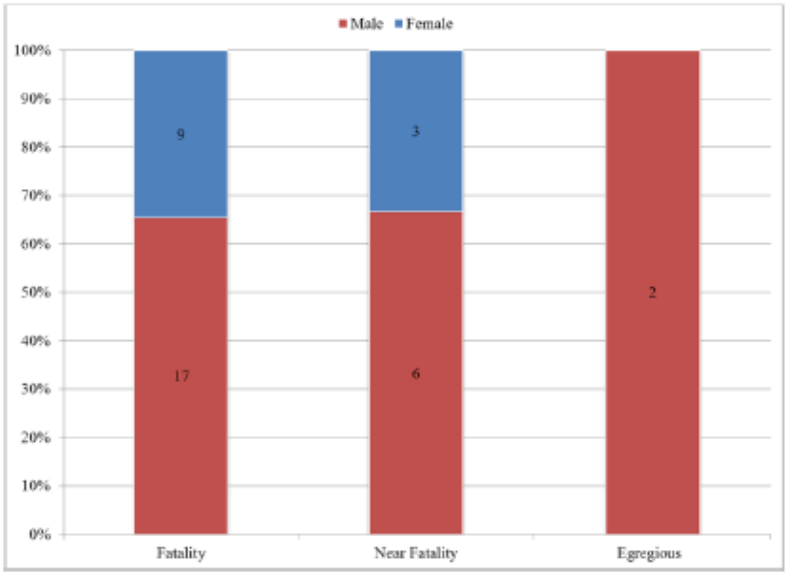
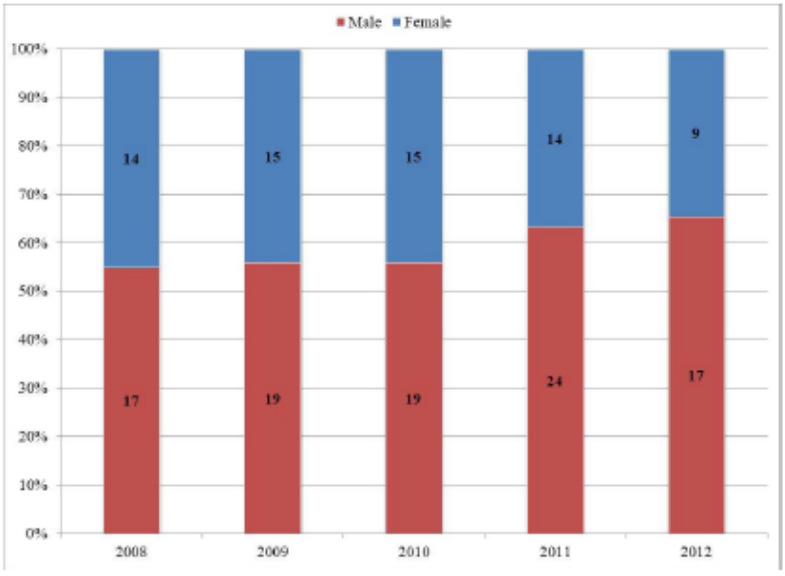


Chart 4: Gender of Victims in All Child Maltreatment Fatalities in Colorado over the Past Five Calendar Years



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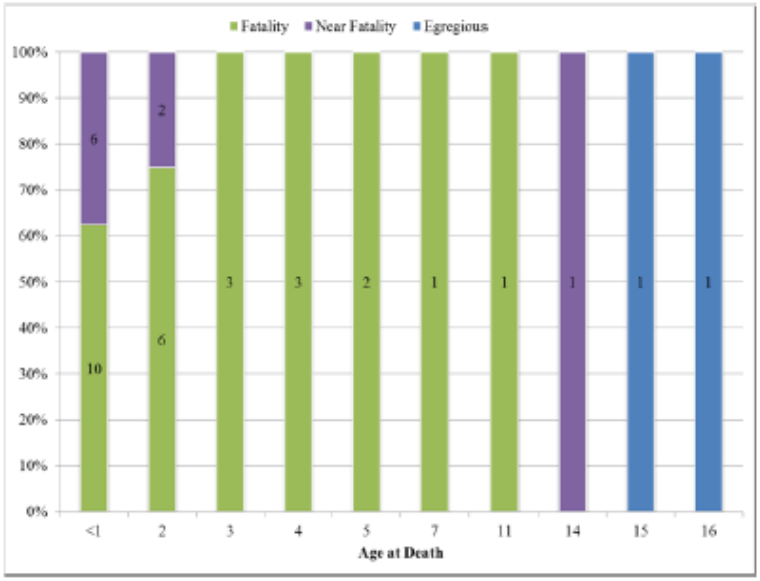
Age at Time of Fatality

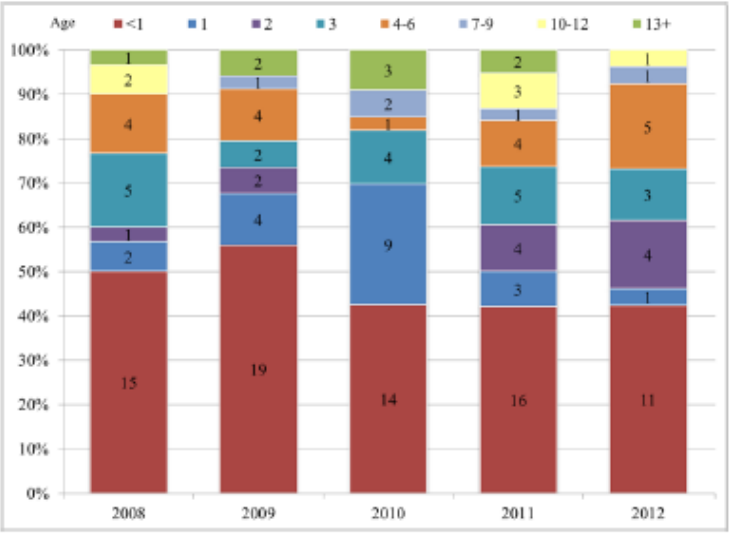
Fatalities due to maltreatment are the second leading cause of death for children under the age of five. National research has shown that victims of fatal child maltreatment tend to be younger, with approximately 90% of the child fatalities experienced by children age five or younger, and 42% being infants. Colorado's trends appear to closely follow the national trends. As displayed in Chart 5, approximately 50% of the fatalities involved infants, almost 75% were three or younger, and the vast majority (92%) were five or younger. A similar pattern exists for the near fatalities, as 67% of the victims were under the age of one, and 89% were age two or under. The two victims of egregious incidents were both teenagers, and approximately four years older than the oldest fatality victim.

Chart 5: Age of Victims in Substantiated Child Maltreatment Fatalities, Near Fatalities, and Egregious Incidents in CY 2012



The child's age has historically been a key demographic factor associated with child maltreatment fatalities. Each year since 2008, the highest number of fatalities has involved infants as victims, ranging from 42% to 56% of all child maltreatment fatalities in any given year (see Chart 6). Over the same time period, nearly 90% of victims of child fatalities were five years or younger, with little variance from year to year. The majority of near fatality victims are also younger; in CY 2012, almost 90% of the children were age two or under. In contrast, both of the victims of substantiated egregious abuse were teenagers.

Chart 6: Age of Victims in Child Maltreatment Fatalities in Colorado over the Past Five Calendar Years



Family Characteristics

Several characteristics related to family dynamics appear to be generally associated with child maltreatment fatalities. Each of these is discussed below.

Age of Parents

It has been found that parents of abuse/neglect fatality victims tend to be in their late teens or early twenties, with a large percentage becoming parents around the age of 20, regardless of whether or not they are the perpetrator. According to data from the Colorado Department of Public Health and Environment, in 2011 35% of all births in Colorado were to mothers 24 years of age or younger.

In recent years, detailed information about the parent characteristics for the children who experience a serious maltreatment incident has not been consistently recorded. While some of the parent characteristics are recorded in Trails, incomplete records and complex family dynamics make it difficult to conduct an accurate analysis for the 37 substantiated cases in 2012. For example, the father at birth may not be the person in the father role at the time of death. However, for the past five calendar years, consistent and accurate data is available for many of the mothers and fathers of victims of child maltreatment fatalities (N=161). Charts 7a and 7b illustrate the age of mothers (n=156) and fathers (n=129) at the time of death of the victim, for all maltreatment fatalities that occurred between 2008 and 2012. Mothers and fathers that were either not identified, deceased, or otherwise not known were not included in this analysis.

Chart 7a: Age of Mother at Time of Child's Death, Child Maltreatment Fatalities, 2008-2012

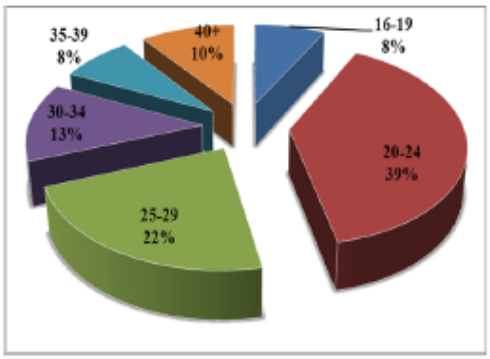
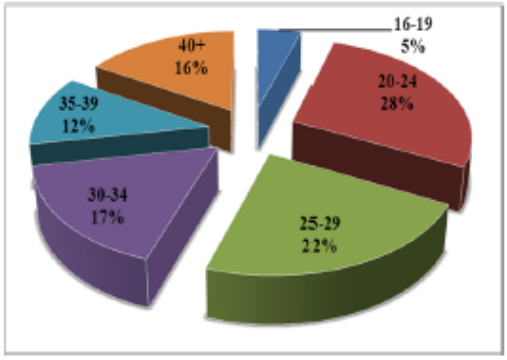


Chart 7b: Age of Father at Time of Child's Death, Child Maltreatment Fatalities, 2008-2012

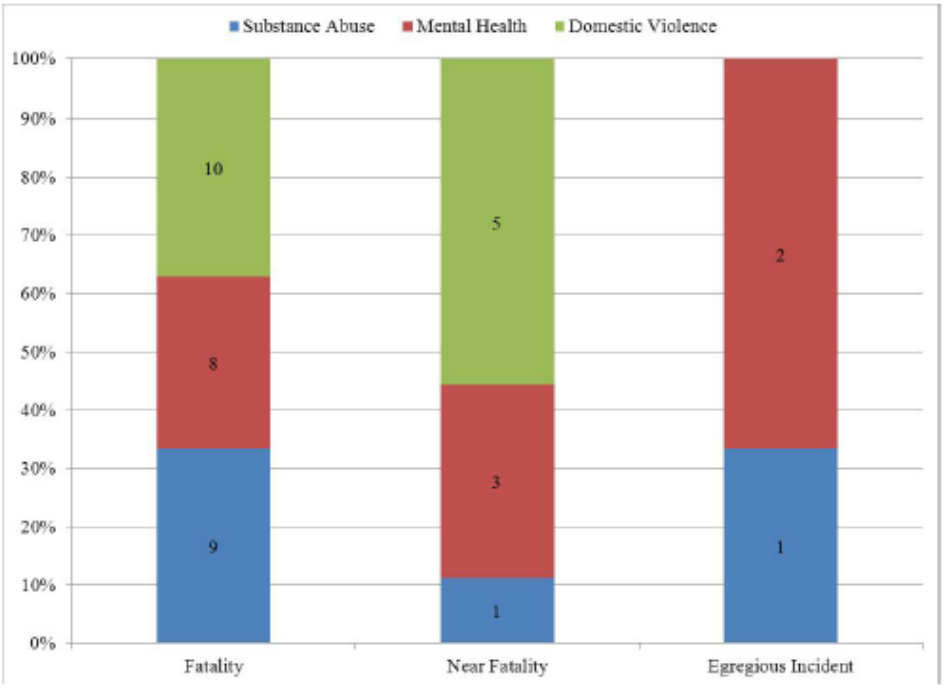


As illustrated above, at the time of the child's death, the majority of the mothers and fathers were between the ages of 20 and 24, although the percentage of this category for mothers is significantly higher than for the fathers. Almost 50% of the mothers were under the age of 24 at the time of death, a trend similar to the national data and research literature. Overall, the age of parents in Colorado at the time of birth and death, closely resembles what has been found in the literature in that they were young when the fatality occurred.

Other Family Stressors

Chart 8 identifies additional elements that were tracked in an effort to determine commonalities among the 37 fatalities, near fatalities, and egregious incidents from 2012. Nationally, 5.7% of child maltreatment fatalities involved alcohol abuse as a risk factor, while 16.7% involved domestic violence, and 12.8% involved drug abuse. In Colorado, almost 41% of the families had some history of identified domestic violence, while 30% experienced substance abuse issues. Additionally, in 35% of the substantiated cases, there was a history of mental health issues.

Chart 8: Other Family Stressors in 37 Child Maltreatment Fatalities, Near Fatalities, and Egregious Incidents*



*Some cases involved co-occurring stressors

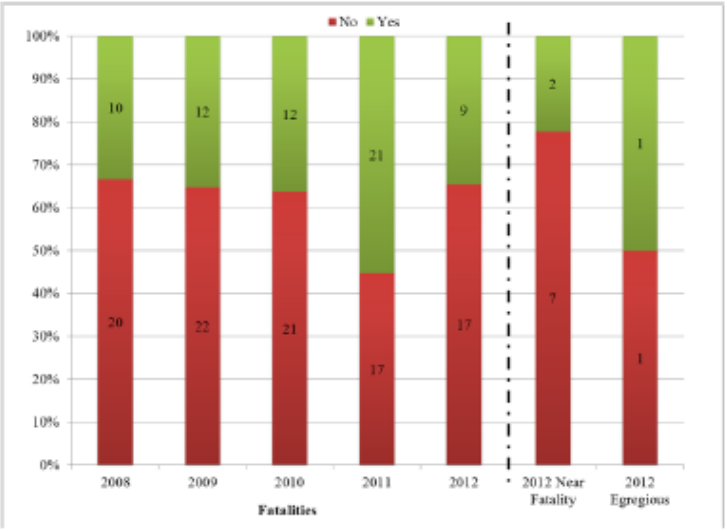
Prior Involvement

Studies indicate that anywhere from 21% to 29% of families who experienced a maltreatment fatality had prior contact with Child Protection Service (CPS) agencies.

For the child maltreatment fatalities that occurred in Colorado during the past five calendar years (2008 – 2012), between 35% to 55% of the families had prior child protection history, with 2012 having the lowest percent over the five years. According to current state statute, the Child Fatality Review Team is required to conduct a thorough review of child fatalities when there is prior history in the two years preceding the incident. Before the change in statute in 2012, prior history was defined to be a five year time period

For the near fatalities and egregious incidents, only 2 cases and 1 case, respectively, had prior history.

Chart 9: Prior History of Victims in All Child Maltreatment Fatalities in Colorado over the Past Five Calendar Years



Environmental/Situational Characteristics

This section identifies some of the relevant environmental and situational characteristics associated with child maltreatment fatalities. While information on these particular characteristics have not previously been collected on the Colorado families and victims of child maltreatment fatalities, or on the egregious incidents or near fatalities, they will be gathered for future analysis, as research shows these characteristics can impact child maltreatment fatalities:

- Birth Order
- Number of Children and Adults in Household
- Mobility
- Family Composition

Child Fatality Review Team Findings

This section of the report will focus on specific strengths, gaps, and recommendations identified through reviews conducted by the CFRT during CY 2012. This will include some fatalities that actually occurred during CY 2011, and the majority of those that occurred during CY 2012. This section of the report is based on the reports of the 16 incidents from 2011 and 2012 that were reviewed and finalized during CY 2012.

Strengths

Through the analysis of the 16 egregious, near fatal, or fatal child maltreatment incidents that were reviewed by the full Child Fatality Review Team, four areas were identified as strengths across multiple reviews.

- **Communication and Collaboration**

Local county departments of human/social services were generally found to have communicated and collaborated effectively with other county departments of human/social services, as well as with collateral agencies, to assess the safety of children. Examples of this included:

- During assessments conducted prior to fatalities, county departments made significant efforts to seek medical opinions from primary care physicians, hospital staff physicians, and experts on child abuse and neglect injuries at the Kempe Center on the nature of the physical injuries. These opinions were used to help inform decisions regarding whether or not abuse was likely occurring.
- County departments effectively collaborated with local law enforcement to locate endangered children, and coroners to help determine circumstances surrounding the fatality. These efforts also assisted in locating surviving siblings who were living with other caregivers so that their safety could be assessed and managed. This included efforts across multiple counties and law enforcement jurisdictions.

For the first time in over a decade of reviews related to child maltreatment fatalities, communication and collaboration among counties, as well as between county departments and external partners, was noted as a strength across several reviews.

- **Assessing Safety of Surviving Siblings**

In several reviews, the CFRT identified that county departments made significant efforts to locate and assess the safety of surviving siblings who were not living with the alleged perpetrator at the time of the incident.

- **Quality of Documentation**

CFRT members noted the overall high quality of the documentation related to the previous involvement that county departments had with the families. As counties are required to consider prior involvement in determining the appropriate level of engagement with families (e.g., whether to open a case, intensity and appropriateness of services, etc.), it's critical to have sufficiently detailed documentation available. It allows county departments to make well informed decisions regarding appropriate level of engagement on future referrals.

- **Engagement of Family Members**

Several of the reviews and reports identified that caseworkers were able to successfully engage and build a rapport with caregivers. This directly impacted the quality of information the caseworkers were able to gather and subsequently have available to determine and manage safety for children.

Gaps and Deficiencies

- **Communication and Collaboration**

While communication and collaboration between county departments of human/social services, and between county departments and collateral agencies, has greatly improved and was noted as a strength, the CFRT also identified specific areas where continued improvements should be made.

- Functionality of the Trails system was specifically identified as a barrier to communication in two areas:
  - There is currently no functionality that would allow counties to associate critical alerts to specific clients. For example, several of the cases reviewed by the CFRT involved significant efforts to locate families with high mobility (i.e., a history of moves between counties). Each time a county receives a call requesting or providing information regarding a child or family, a large volume of information in Trails must be reviewed in order to identify if there are significant concerns for child safety. The CFRT believes it would be beneficial if Trails had a function where a county could associate specific information that would immediately display across a scrolling banner whenever a child welfare professional searches the system for an individual who has been associated to that alert. For families that child welfare professionals are having a difficult time locating, this suggested Trails enhancement could assist other counties in knowing when a family has a higher level of risk and may, as a consequence, require a faster response time, or a more collaborative approach to assessing safety.
  - Trails does not currently have functionality allowing the tracking of requests for information about a client. Trails was designed to initiate a record with a referral regarding allegations of abuse and/or neglect. However, county departments often receive phone calls requesting or providing information about families that do not meet the definition of a referral. If there is not currently an open assessment or case with a family, there is no functionality that would allow for these calls to be logged and associated with families. Having this type of information available, should a referral be received in the future, may help inform appropriate decisions about potential response levels by child protective services.
- Earlier it was noted that child welfare professionals diligently sought opinions from medical professionals to help inform if presenting injuries were consistent with causes identified by caregivers, or were more likely related to abuse or neglect. However, in several instances the medical professionals were either hesitant or unable to provide conclusive statements to this effect. Reasons for this ranged from concerns of possible litigation, to lack of recognizing signs of abuse, to the lack of certainty of the causes of injuries (e.g., broken bones or bruising due to falling at a playground versus physical abuse). Child welfare professionals often rely heavily on the opinion of medical professionals in determining if past abuse has occurred, which in turn is used to determine likelihood of future harm. When medical professionals are reluctant to provide definitive statements, it adds to the difficulty child welfare professionals have in accurately predicting levels of risk for future harm to children and subsequently in differentiating appropriate levels of engagement and intervention on their behalf.

- On occasions, law enforcement did not collaborate with a county department in conducting interviews of surviving siblings or delayed notifying a county department of an allegation. This hindered the ability of the county department to immediately begin determining and planning for the short term safety of the children as well as longer term future risk of harm. Given that this collaboration with law enforcement was identified as a strength in several other cases reviewed, this appears to be a jurisdiction specific concern.

- **Lack of Community Centered Resources**

In one case, a lack of mental health providers available within the community caused delays and barriers to the caregiver being able to receive timely services to address identified mental health needs.

- **Safety Assessment and Planning**

  - When a safety concern is identified, and it is determined that there is not a caregiver with protective capacity in the home to manage safety, county departments must either place a child into out-of-home care or complete a Safety Plan to manage safety for the child. In instances of out-of-home placements, Volume VII also requires that a re-assessment for safety be completed prior to returning a child to his/her home. However, for instances where a Safety Plan is used to manage safety on in-home cases, there are no guidelines for effectively determining when the Safety Plan is no longer necessary.
  - As will be discussed later under the Policy Findings, in a number of cases, the Safety and Risk Assessment tools were completed inaccurately. As these tools are designed to help inform decisions around managing immediate safety, need for services, and case closure, their accurate completion and use is critical.
  - Currently there are no requirements or formal tools available for guiding practice through a global assessment of family needs on Program Area 4: Youth in Conflict cases. The CFRT identified that this may lead to situations where services primarily focus on youth behaviors while not addressing the caregivers' need for services. As a result, caregivers may not receive assistance in learning different skills and interactional behaviors that can help a family remain together while maintaining safety for the youth and caregiver.

Policy Findings

In examining practice related to any current (i.e., at the time of the incident) or previous involvement by county departments, the CFRT process identified instances in which Volume VII policies were not followed. The following section summarizes these findings.

- The average number of Volume VII policy violations was one per report. It should be noted that two of the seven reports did not have any policy violations. Further, considering that the reports cover any county involvement over the past two years, this means that numerous assessments and cases were reviewed over the course of the seven reports. Thus, there is an even lower rate of policy violations per county involvement, indicating strong child welfare practice overall. The CFRT team carefully considers each policy violation or area of concern and may make recommendations to a county department or the DCW based on those areas. The following section discusses any recommendations made as a result of such consideration.

CFRT Case Specific Recommendations and Actions Taken

Recommendations were made towards addressing identified systemic gaps, policy violations, and/or practice concerns. The following section summarizes the 2012 recommendations. It also provides a description of the status on the implementation of each recommendation.

- The DCW should work with the Office of Information Technology (OIT) to develop a scrolling alert in Trails to allow for improved communication among county departments when there are significant concerns regarding an individual or family. In addition to the functionality, the DCW should collaborate with county child welfare professionals to determine criteria for the use of such functionality.

  Status: The report containing this recommendation was finalized in December of 2012. This functionality was discussed with Trails (OIT) staff and a decision was made to include it as part of the larger assessment project that will be required due to the revision of Colorado's Safety and Risk Assessment tools. This process was previously authorized under the Child Welfare Sub-Policy Advisory Committee (PAC) Policy Number 11CW009. This project is scheduled for completion in the fall of 2013.

- The DCW should review Volume VII rules and the state automated case management system, Trails, to determine how information from calls to the Department that are not referrals for child abuse or neglect shall be recorded.

  Status: The report containing this recommendation was finalized in December of 2012. A review and discussion of this topic is on the agenda for the May 13, 2013 meeting of the Child Protection Task Group.

- The Division of Child Welfare should continue to monitor the proper use of extensions for assessments and the accurate completion of the safety and risk assessments.

  Status: The report containing this recommendation was finalized in December of 2012. The Department of Human Services currently monitors both of these areas through existing continuous quality improvement initiatives. The CDHS, through implementation of the C-Stat process, monitors performance of both of these measures monthly. State Child Protection staff provide training and technical assistance to county departments on both the timeliness and accuracy of assessment completion.

- Adams County Department of Human Services should work to improve the working relationship with the Commerce City Police Department.

  Status: The report containing this recommendation was finalized in December of 2012. The Adams County Department of Human Services created an action plan to contact all law enforcement jurisdictions they collaborate with in order to enhance relationships and create ongoing strategies for future collaborative efforts.

- The Colorado Department of Human Services, Division of Child Welfare, should utilize the Child Protection Task Group, comprised of county and state child protection experts, to determine if the difficulties identified in accessing mental health services are a systemic problem across the state.

  Status: The report containing this recommendation was finalized in April of 2013. The Child Protection Task Group will begin consideration of this issue during the May 13, 2013 meeting.

- The Colorado Department of Human Services, Division of Child Welfare, should recommend a change to policy requiring re-assessment of safety when concluding the use of a safety plan.

  Status: The report containing this recommendation was finalized in April of 2013. The Child Welfare Sub-PAC, through Policy Number 11CW009, had previously authorized a workgroup of state child welfare professionals to examine and update Colorado's Safety and Risk Assessment tools. As a result of this recommendation, the workgroup has been asked to consider appropriate methods for assessing and documenting successful resolution of safety concerns and effectively ending a safety plan. The implementation of the new tools is projected to take place in the fall of 2013.

- Adams County Department of Human Services should work with its contracted mental health providers to improve the timeliness of notification of client specific issues. Adams County should pursue agreement from the two contract mental health providers that their agencies will immediately advise the referring and/or assigned caseworkers via email (or through a technology system) of client status (missed appointments, closed case, etc.); all Adams County child welfare staff and the CDHS will be informed upon finalization of this process.

  Status: The report containing this recommendation was finalized in April of 2013. The Adams County Department of Human Services created an information sharing procedure that they now use with all of their mental health providers. The procedure addresses specific information to be shared, as well as timelines for sharing such information.

- Adams County Department of Human Services should include the mental health provider, as appropriate when child safety remains an issue in decision making and case planning discussions regarding mutual clients, as appropriate, and when child safety remains an issue.

  Status: The report containing this recommendation was finalized in April of 2013. Adams County Department of Social Services has discussed the importance of including mental health providers' input when making informed case planning decisions, as applicable within each case.

- The Colorado Department of Human Services, Division of Child Welfare, should assist Mesa County Department of Human Services in developing and hosting a training for its local medical community on the identification, assessment, treatment, and reporting of suspected child abuse and/or neglect.

  Status: The report containing this recommendation was finalized in January of 2013. The Division of Child Welfare collaborated with Mesa County Department of Human Services to examine data related to reporting parties to determine if there were differences in Mesa County's reporting parties as compared to other large counties. No differences were noted. Mesa County then worked with their community and hospital liaisons to schedule trainings to be provided on May 7 and 8, 2013.

- Eagle County Department of Health and Human Services should provide training to the local community service providers on how to recognize child abuse and/or neglect and the requirements of mandatory reporting. The Colorado Department of Human Services, Division of Child Welfare, will assist in this effort as needed.

  Status: The report containing this recommendation was finalized in April of 2013. The Eagle County Department of Health and Human Services (ECDHHS) has a significant community engagement effort currently under way. The efforts include making approximately 25 contacts per quarter with the community. The ECDHHS initiated this effort in January of 2013, has revised the reporting presentation being used as a result of early engagement efforts, and have additional meetings scheduled.

- The Colorado Department of Human Services, Division of Child Welfare, should improve Colorado's Risk Assessment tool and the relevant instructions and provide training and coaching to caseworkers and supervisors on how to complete the tool, and use it to guide decision making and case planning.

  Status: The report containing this recommendation was finalized in April of 2013. The Child Welfare Sub-PAC, through Policy Number 11CW009, had previously authorized a workgroup of state child welfare professionals to examine and update the Safety and Risk Assessment tools. The workgroup examined Risk Assessment tools being used in several states and then partnered with the Social Work Research Center at Colorado State University to conduct research leading to the creation of a revised tool for in Colorado. This included improving definitions used and more clear instructions guiding child welfare professionals through the accurate use of the tool. Initial research reports indicated the tool has strong reliability and validity, and several pilots of the instrument have already occurred with front line caseworkers. The tool is projected to be finalized in the fall of 2013. Once the tool has been finalized, training and coaching for caseworkers and supervisors will occur.

- The Colorado Department of Human Services, Division of Child Welfare, should provide coaching and technical assistance to the Denver County Department of Human Services on the accurate completion of the risk assessment tool, and using the tool to guide decision making and case planning.

  Status: The report containing this recommendation was finalized in April of 2013. The Child Welfare Sub-PAC, through Policy Number 11CW009, had previously authorized a workgroup of state child welfare professionals to examine and update the Safety and Risk Assessment tools. As the current tools are close to being updated and enhanced, the DCW will work with Denver County Department of Human Services to provide training and coaching on the new tools once they are finalized. The tools are projected to be finalized in the fall of 2013.

- The workgroup formed to improve the Colorado Safety and Risk Assessment tools should address the need to clarify in policy when services shall be offered to a family, based on its risk assessment score, and what documentation may be necessary, if services are not going to be provided.

  Status: The report containing this recommendation was finalized in April of 2013. The Child Welfare Sub-PAC, through Policy Number 11CW009, had previously authorized a workgroup of state child welfare professionals to examine and update the Safety and Risk Assessment tools. As part of this project, the group will make recommendations to the Child Welfare Sub-PAC on how risk scores should best be used to inform case and service provision decisions, and rules will be promulgated as needed.

- Assessment tools should be created and used in Program Area 4: Youth in Conflict assessments/cases as they are in Program Area 5: Child Abuse and Neglect assessments/cases.

  Status: The report containing this recommendation was finalized in April of 2013. The Child Welfare Sub-PAC, through Policy Number 11CW009, had previously authorized a workgroup of state child welfare professionals to examine and update the Safety and Risk Assessment tools. This is projected for completion in the fall of 2013. Upon completion of the tools for Program Area 5: Child Abuse and Neglect, the workgroup will begin a process to research the efficacy of creating similar tools for the Program Area 4: Youth in Conflict population.

- Training competencies should be developed for caseworkers that will be handling Program Area 4: Youth in Conflict assessments/cases.

  Status: The report containing this recommendation was finalized in April of 2013. The Child Welfare Sub-PAC, through Policy Number 11CW009, had previously authorized a workgroup of state child welfare professionals to examine and update the Safety and Risk Assessment tools. This is projected for completion in the fall of 2013. Upon completion of the tools for Program Area 5: Child Abuse and Neglect, the workgroup will begin a process to research the efficacy of creating similar tools for the Program Area 4: Youth in Conflict population. Upon completion of any new tool, training competencies will be created and training provided to caseworkers providing services to both Program Area 5: Child Abuse and Neglect and Program Area 4: Youth in Conflict cases.

- The Colorado Department of Human Services, Division of Child Welfare will submit a policy submittal request to the Child Welfare Sub-PAC requesting the creation of a workgroup to address the need for family assessment tools in Program Area 4: Youth in Conflict assessments and cases.

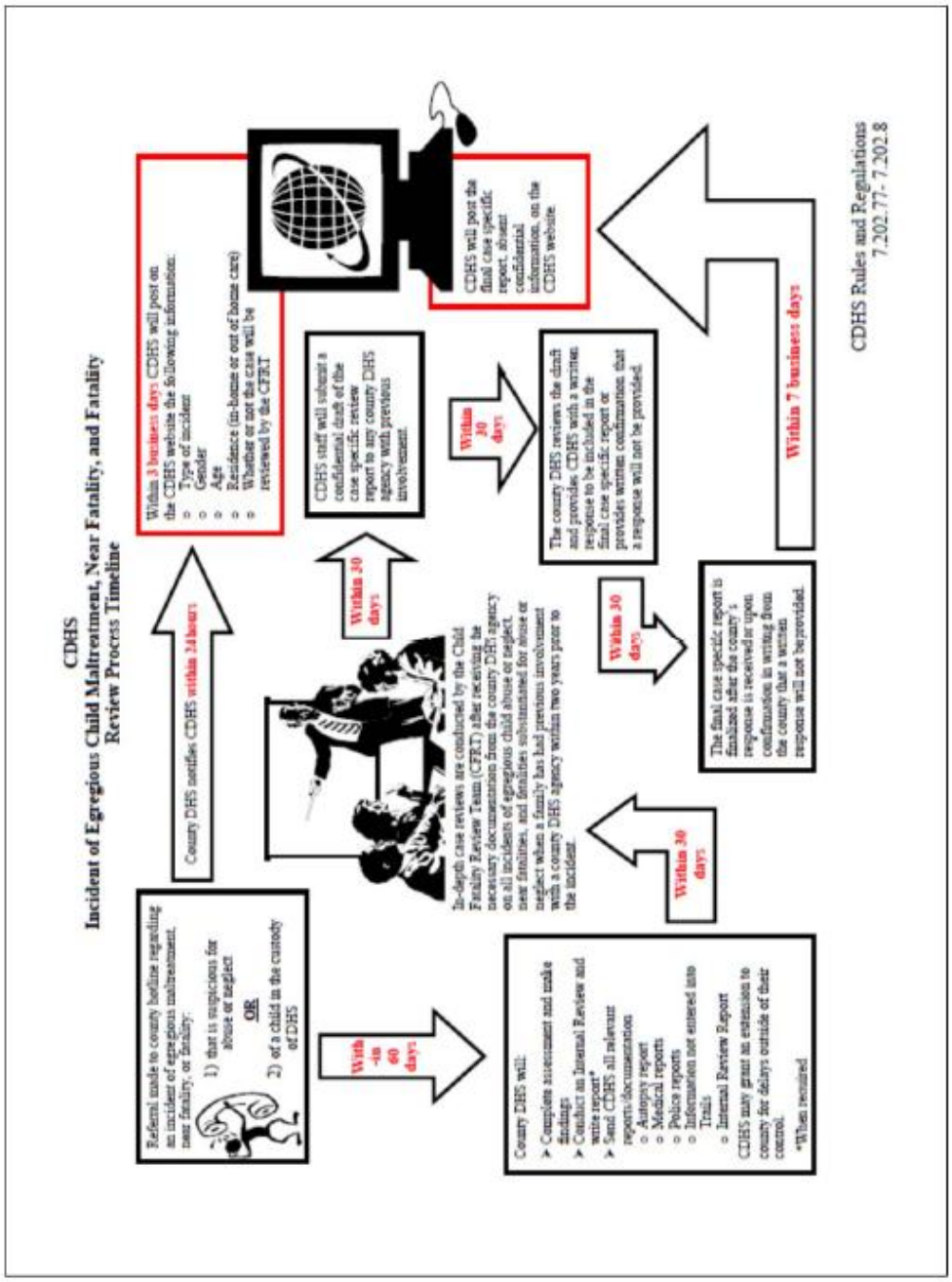
  Status: The report containing this recommendation was finalized in April of 2013. The Child Welfare Sub-PAC, through Policy Number 11CW009, had previously authorized a workgroup of state child welfare professionals to examine and update the Safety and Risk Assessment tools. Responsibility for this recommendation has been assigned to this existing workgroup.

The Colorado Department of Human Services will continue to track each of the recommendations through to implementation.

Recommendations And Action Steps

- Overall, the data indicate that abuse and neglect related to fatalities occurs a vast majority of the time in younger children in Colorado. Additionally, it tends to occur with younger parents, specifically younger mothers. Based on these findings, prevention opportunities should be sought specific to these populations. Examples of evidence based programs that may help reduce the likelihood of child maltreatment overall for this population include the Nurse-Family Partnership, Safe Care and Community Response Programs. Funding to expand these programs in Colorado has been included in the FY 2013-14 Long Bill.
- Tracking egregious incidents of child maltreatment began in August 2012. While there is a small sample size to date, data reflects that egregious incidents are much more likely to occur with older youth. As supported within the case specific recommendations, this indicates the need for enhanced assessment of safety and risk for families and youth involved in Program Area 4: Youth in Conflict cases. Program Area 4: Youth in Conflict practice tends to focus on the behaviors of the youth. It is recommended that policy be modified to support the practice of conducting a broader assessment of familial strengths and needs specific to dealing with difficult behavior in youth. Specifically, tools and policy should be created supporting assessments of the family's needs for supportive services. These services may help parents develop increased coping skills and more appropriate responses to difficult behavior in their children.
- Given the relevance of parent characteristics in relation to fatality rates (e.g., age of parents at birth and death of the child, family composition, etc.) these variables should be collected in the future, with greater detail shown describing the roles and relationships within each family. Parent characteristics data should also be collected for the egregious incidents and the near fatalities, which will allow for trend analysis in the future.
- In Colorado, almost 41% of the families involved in the egregious, near fatal, or fatal incidents of child maltreatment had some history of identified domestic violence. The child protection system is required to coordinate with the behavioral health and physical health systems to mitigate these issues as part of ensuring a child's safety. Current work is being done to help inform county departments of human services about the impact of domestic violence on child protective services practice. The forthcoming "Domestic Violence Practice Guide for Child Protection Services" is a comprehensive practice guide created to enhance knowledge and practice in child welfare cases with identified domestic violence. As the guide is finalized, the document should be widely distributed to child welfare professionals throughout Colorado, with trainings offered across the state specific to this topic.
- A review of the child welfare literature suggests different variables that may be informative towards child maltreatment prevention efforts. However, Colorado has not consistently captured data on these variables within the CFRT process. In order to better inform future Annual Reports, the CFRT should collect the following information for all egregious, near fatal, and fatal incidents of child maltreatment:
  (a) Birth Order
  (b) Number of Children and Adults in Household
  (c) Transiency of families
  (d) Family Composition
- As new research and data becomes available to the department around child fatalities, near fatalities, and egregious incidents, the Administrative Review Division should review any new and relevant research to identify additional variables for data collection and analysis. Any new information learned should be applied to future review and analysis of fatal, near fatal, and egregious incidents of child maltreatment.
- Trails should be modified to allow for incidents to be coded as "Near Fatality" or "Egregious" Incidents. This modification will allow data to be extracted based on the type of incident.

Appendix A: CFRT Timeline



Appendix B: Date of Incidents by County and Type

County	Fatal	Near Fatal	Egregious
Adams	2/17/12, 1/1/12*		
Denver	6/28/12	12/14/12	
Eagle	6/6/12		
El Paso	4/15/12, 9/1/12		9/21/12
Logan	1/1/12*		
Mesa	4/11/12		
Otero		12/31/12	
Pueblo	10/15/12**		
Total	9	2	1

* Actual date of incident is unknown

** This was initially reported as a Near Fatal incident and changed to Fatal upon the child's death.

Appendix C: Colorado Revised Statute C.R.S. 26-1-139

TITLE 26. HUMAN SERVICES CODE
ARTICLE 1.DEPARTMENT OF HUMAN SERVICES
PART 1. GENERAL PROVISIONS

C.R.S. 26-1-139 (2012)

26-1-139. Child fatality and near fatality prevention - legislative declaration - process - department of human services child fatality review team - reporting - rules

(1) The general assembly hereby finds and declares that:

(a) It is of the utmost importance and a community responsibility to mitigate the incidents of egregious abuse or neglect, near deaths, or deaths of children in the state due to abuse or neglect. Professionals from disparate disciplines share responsibilities for the safety and well-being of children as well as expertise that can promote that safety and well-being. Multidisciplinary reviews of the incidents of egregious abuse or neglect, near deaths, or deaths of children due to abuse or neglect can lead to a better understanding of the causes of such tragedies and, more importantly, methods of mitigating future incidents of egregious abuse or neglect, near deaths, or deaths.

(b) There is a need for agency transparency and accountability to the public regarding an incident of egregious abuse or neglect against a child, a near fatality, or a child fatality that involves a suspicion of abuse or neglect when the child or family has had previous involvement with the state or county that was directly related to the incident.

(c) There is a need for a multidisciplinary team to conduct in-depth case reviews after an incident of egregious abuse or neglect against a child, a near fatality, or a child fatality that involves a suspicion of abuse or neglect and when the child or family has had previous involvement, that was directly related to the incident of egregious abuse or neglect against a child, near fatality, or fatality, with a county department within two years prior to the incident. The multidisciplinary review would complement that of the review conducted by the Colorado state child fatality prevention review team in the department of public health and environment pursuant to article 20.5 of title 25, C.R.S. The goal of the multidisciplinary review shall not be to affix blame, but rather to improve understanding of why the incidents of egregious abuse or neglect against a child, near fatalities, or fatalities occur and develop recommendations for mitigation of future incidents of egregious abuse or neglect against a child, near fatalities, or fatalities.

(d) It is the intent of the general assembly to codify the department of human services child fatality review team as well as modify certain aspects of its processes to promote an understanding of the causes of each child's death or near death incident due to abuse or neglect, identify systemic deficiencies in the delivery of services and supports to children and families, and recommend changes to help mitigate future incidents of egregious abuse or neglect against a child, near fatalities, or child deaths.

(e) It is further the intent of the general assembly to comply with the federal "Child Abuse Prevention and Treatment Act", 42 U.S.C. sec. 5101 et seq., which requires states to allow for public disclosure of the findings or information about a case of child abuse or neglect that resulted in a child fatality or near fatality.

(2) As used in this section, unless the context otherwise requires:

(a) "Incident of egregious abuse or neglect" means an incident of suspected abuse or neglect involving significant violence, torture, use of cruel restraints, or other similar, aggravated circumstances that may be further defined in rules promulgated by the state department pursuant to this section.

(b) "Near fatality" means a case in which a physician determines that a child is in serious, critical, or life-threatening condition as the result of sickness or injury caused by suspected abuse, neglect, or maltreatment.

(c) "Previous involvement" means a situation in which the county department has received a referral, responded to a report, opened an assessment, provided services, or opened a case in the Colorado TRAILS system; except that the following situations shall not be considered to be "previous involvement":

(I) The situation did not involve abuse or neglect;

(II) The situation occurred when the parent was seventeen years of age or younger and before he or she was the parent of the deceased child; or

(III) The situation occurred with a different family composition and a different alleged perpetrator.

(d) "Suspicious fatality or near fatality" means a fatality or near fatality that is more likely than not to have been caused by abuse or neglect.

(e) "Team" means the department of human services child fatality review team established in rules promulgated pursuant to section 26-1-111 and codified pursuant to subsection (3) of this section.

(3) There is hereby established in the state department the department of human services child fatality review team. The team shall have the following objectives:

(a) To assess the records of each case in which a suspicious incident of egregious abuse or neglect against a child, near fatality, or child fatality occurred and the child or family had previous involvement with a county department that was directly related to the incident of egregious abuse or neglect against a child, near fatality, or fatality within two years prior to the incident of egregious abuse or neglect against a child, near fatality, or fatality;

(b) To understand the causes of the reviewed incidents of egregious abuse or neglect against a child, near fatalities, or child fatalities;

(c) To identify any gaps or deficiencies that may exist in the delivery of services to children and their families by public agencies that are designed to mitigate future child abuse, neglect, or death; and

(d) To make recommendations for changes to laws, rules, and policies that will support the safe and healthy development of Colorado's children.

(4) The team shall have the following duties:

(a) To review the circumstances around the incident of egregious abuse or neglect against a child, near fatality, or child fatality;

(b) To review the services provided to the child, the child's family, and the perpetrator by the county department for any county with which the family has had previous involvement that was directly related to the incident of egregious abuse or neglect against a child, near fatality, or fatality in the two years prior to the

incident of egregious abuse or neglect against a child, near fatality, or fatality;

(c) To review records and interview individuals, as deemed necessary and not otherwise prohibited by law, involved with or having knowledge of the facts of the incident of egregious abuse or neglect against a child, near fatality, or fatality, including but not limited to all other state and local agencies having previous involvement with the child or family that was directly related to the incident of egregious abuse or neglect against a child, near fatality, or fatality within two years prior to the incident of egregious abuse or neglect against a child, near fatality, or fatality;

(d) To review the county department's compliance with statutes, regulations, and relevant policies and procedures that are directly related to the incident of egregious abuse or neglect against a child, near fatality, or fatality;

(e) To identify strengths and best practices of service delivery to the child and the child's family;

(f) To identify factors that may have contributed to conditions leading to the incident of egregious abuse or neglect against a child, near fatality, or fatality, including, but not limited to, lack of or unsafe housing, family and social supports, educational life, physical health, emotional and psychological health, and other safety, crisis, and cultural or ethnic issues;

(g) To review supports and services provided to siblings, family members, and agency staff after the incident of egregious abuse or neglect against a child, near fatality, or fatality;

(h) To identify the quality and sufficiency of coordination between state and local agencies;

(i) To develop and distribute the following reports, the content of which shall be determined by rules promulgated by the state department pursuant to subsection (7) of this section:

(I) On or before April 30, 2013, and each April 30 thereafter, an annual child fatality and near fatality review report, absent confidential information, summarizing the reviews required by subsection (5) of this section conducted by the team during the previous year. The team shall post the annual child fatality and near fatality review report on the state department's web site and distribute it to the Colorado state child fatality prevention review team established in the department of public health and environment pursuant to section 25-20.5-406, C.R.S., the governor, the health and human services committee of the senate, and the health and environment committee of the house of representatives, or any successor committees. The annual child fatality and near fatality review report shall be prepared within existing resources.

(II) The final confidential, case-specific review report required pursuant to subsection (5) of this section for each child fatality, near fatality, or incident of egregious abuse or neglect. The final confidential, case-specific review report shall be submitted to the Colorado state child fatality prevention review team established in the department of public health and environment pursuant to section 25-20.5-406, C.R.S.

(III) A case-specific executive summary, absent confidential information, of each incident of egregious abuse or neglect against a child, near fatality, or child fatality reviewed. The team shall post the case-specific executive summary on the state department's web site.

(5) (a) Each county department shall report to the state department any suspicious incident of egregious abuse or neglect against a child, near fatality, or fatality of a child within twenty-four hours of the incident of egregious abuse or neglect against a child, near fatality, or fatality. If the county department has had previous involvement that was directly related to the incident of egregious abuse or neglect against a child, near

fatality, or child fatality within two years prior to the incident of egregious abuse or neglect against a child, near fatality, or fatality, the county department shall provide the state department with all relevant reports and documentation regarding its previous involvement with the child within sixty calendar days after the incident of egregious abuse or neglect against a child, near fatality, or fatality. The state department may grant, at its discretion, an extension to a county department for delays outside of the county department's control regarding the receipt of all relevant reports and information critical to an effective review, including but not limited to the final autopsy and law enforcement reports, until such documents can be made available for review by the team.

(b) Within three business days after receiving the information provided under paragraph (a) of this subsection (5), the department shall disclose to the public that information has been received, whether the department is conducting a review of the incident, whether the child was in his or her own home or in foster care, as defined in section 19-1-103 (51.3), C.R.S., and the child's gender and age. The department may disclose the scope of the review.

(c) The team shall complete its review of each incident of egregious abuse or neglect, near fatality, or fatality, draft a confidential, case-specific review report and submit the draft report to any county department with previous involvement within thirty calendar days after the review team meeting. Any county department with previous involvement shall have thirty calendar days after the completion of the draft confidential, case-specific review report to review the draft confidential, case-specific review report and provide a written response to be included in the final confidential, case-specific review report. A confidential, case-specific review report shall be finalized and submitted pursuant to paragraph (e) of this subsection (5) no more than thirty calendar days after the county department's response is received by the team or upon confirmation in writing from the county department that a written response will not be provided.

(d) The proceedings, records, opinions, and deliberations of the department of human services child fatality review team shall be privileged and shall not be subject to discovery, subpoena, or introduction into evidence in any civil action in any manner that would directly or indirectly identify specific persons or cases reviewed by the state department or county department. Nothing in this paragraph (d) shall be construed to restrict or limit the right to discover or use in any civil action any evidence that is discoverable independent of the proceedings of the department of human services child fatality review team.

(e) The final confidential, case-specific review report shall be provided to the executive director, the director for any county or community agency referenced in the report, the county commissioners of any county department with previous involvement, the legislative members of the team appointed pursuant to paragraph (f) of subsection (6) of this section, and the department of public health and environment.

(f) The state department shall post on its web site, within seven business days after the report's finalization, a case-specific executive summary of the final confidential, case-specific review report, absent confidential information as described in paragraph (i) of this subsection (5), of each incident of egregious abuse or neglect against a child, near fatality, or child fatality reviewed pursuant to this section.

(g) The case-specific executive summary for a child who was in his or her own home at the time of the incident shall include:

(I) The age and gender of the child and a description of the child's family;

(II) A statement of whether any child welfare services, as defined in section 26-5-101 (3), were being provided to the child, any member of the child's family, or the person suspected of the abuse or neglect;

(III) The date of the last contact between the agency providing any child welfare service and the child, the child's family, or the person suspected of the abuse or neglect; and

(IV) Any other information required by rules promulgated by the state department pursuant to subsection (7) of this section.

(h) The case-specific executive summary for a child who was in foster care, as defined in section 19-1-103 (51.3), C.R.S., at the time of the incident shall include:

(I) The age, gender, and race or ethnicity of the child;

(II) A description of the foster care placement;

(III) The licensing history of the foster care placement; and

(IV) Any other information required by rules promulgated by the state department pursuant to subsection (7) of this section.

(i) The case-specific executive summary or other release or disclosure of information pursuant to this section shall not include:

(I) Any information that would reveal the identity of the child who is the subject of the executive summary, any member of the child's family, any member of the child's household who is a child, or any caregiver of the child;

(II) Any information that would reveal the identity of the person suspected of the abuse or neglect or any employee of any agency that provided child welfare services, as defined in section 26-5-101 (3), to the child or that participated in the investigation of the incident of fatality, near fatality, or egregious abuse or neglect;

(III) Any information that would reveal the identity of a reporter or of any other person who provides information relating to the incident of fatality, near fatality, or egregious abuse or neglect;

(IV) Any information which, if disclosed, would not be in the best interests of the child who is the subject of the report, any member of the child's family, any member of the child's household who is a child, or any caregiver of the child, as determined by the state department in consultation with the county that reported the incident of fatality, near fatality, or egregious abuse or neglect and the district attorney of the county in which the incident occurred, and after balancing the interests of the child, family, household member, or caregiver in avoiding the stigma that might result from disclosure against the interest of the public in obtaining the information.

(V) Any information for which disclosure is not authorized by state law or rule or federal law or regulation.

(j) The state department may not release the case-specific executive summary if the state department, in consultation with the county, determines that making the executive summary available would jeopardize any of the following:

(I) Any ongoing criminal investigation or prosecution or a defendant's right to a fair trial; or

(II) Any ongoing or future civil investigation or proceeding or the fairness of such proceeding.

(k) If at any point in the review process it is determined that the incident of egregious abuse or neglect against a child, near fatality, or fatality is not the result of abuse or neglect, the review shall cease.

(l) The state department or any county department may release to the public any information at any time to correct any inaccurate information reported in the news media, so long as the information released by the state department or county department is not explicitly in conflict with federal law.

(6) The team consists of up to twenty members, appointed on or before September 30, 2011, as follows:

(a) Three members from the state department, appointed by the executive director;

(b) Two members from the department of public health and environment, appointed by the executive director of said department;

(c) Three members representing county departments, appointed by a statewide organization representing county commissioners;

(d) At least eight additional multidisciplinary members, to be appointed by the members described in paragraphs (a) to (c) of this subsection (6), including but not limited to representatives from the office of the child protection ombudsman and from the fields of child protection, physical medicine, mental health, education, law enforcement, district attorneys, child advocacy, and any others as deemed appropriate;

(e) For the purposes of participating in a specific case review, additional members may be appointed at the discretion of the members described in paragraphs (a) to (c) of this subsection (6) to represent agencies involved with the child or the child's family in the twelve months prior to the incident of egregious abuse or neglect against a child, a near fatality, or fatality; and

(f) One member from the health and environment committee of the house of representatives or any successor committee, to be appointed by the speaker of the house of representatives, and one member from the health and human services committee of the senate or any successor committee, to be appointed by the president of the senate. The members appointed pursuant to this paragraph (f) are nonvoting members and are not required to be present at any meeting of the team.

(7) The state department shall promulgate additional rules, as necessary, for the implementation of this section, including but not limited to the confidentiality of information in incidents of egregious abuse or neglect against a child, near fatalities, or child fatalities.

HISTORY: Source: L. 2011: Entire section added, (HB 11-1181), ch. 120, p. 375, § 1, effective April 20.L. 2012: Entire section amended, (SB 12-033), ch. 91, p. 295, § 1, effective April 12.

Institutional Abuse Review Team

The Institutional Abuse Review Team (IART) meets monthly to review reports of county department investigations of abuse and neglect in 24-hour out-of-home licensed and certified childcare settings which includes foster homes, child placement agency foster and group homes, residential child care facilities, Division of Youth Corrections juvenile facilities and Colorado Division of Mental Health institutions for children. The Team is mandated to ensure that the county protective service investigation is in compliance with the requirements of State statute. It also reviews the county's involvement and coordination with community agencies and related state entities.

IART identifies areas of concern needing to be addressed and makes both county-specific recommendations and those that are applicable to other community agencies, licensing, 24-hour monitoring and other state agencies. The county investigations require coordination with many state and community agencies; a characteristic that adds to the difficulty and complexity of the work. The Team's composition mirrors this coordinated approach, with members representing the various professionals that might be involved in the investigation. Members include representatives from the community, medical field, legal profession, law enforcement and state and county staff with experience in the area of institutional abuse. Review information is used to make recommendations about training needs, and identify areas of concern requiring remediation to ensure the safety and well-being of the children in OOH care. The Team reviews an average of 55 cases per month and conducts training for county investigative staff. IART reviewed a total of 629 cases from May 2012 to April 2013.

In SFY 2012, IART members reached out to several counties and to two facilities to provide guidance and support. Several county staff that are responsible for conducting the institutional abuse investigations have been invited and attended an IART meeting. The team has found this to be a useful tool training county staff on institutional abuse investigation requirements. County staff have reported meeting attendance to be a helpful learning process. Team members were also a part of a workgroup making recommendations for counties regarding when to assign referrals involving medication errors in institutional settings. Recommendations were finalized and disseminated to all counties.

IART is always exploring ways to improve the team's process. The team will provide training in 2013 to the providers (facilities, foster parents, group home staff, etc.) in the local communities. The training's purpose is to provide information about the institutional abuse/neglect investigations and licensing requirements that are involved in a Stage II investigations.

Children's Justice Task Force
2012-2013 Report of Current and Reapplication Activities

Development Process
The Children's Justice Task Force (CJTF) met to review the progress and projects of the past year, and to agree on goals and recommendations for this reapplication. The following represents the results of that collaborative effort.

Recommendations

Recommendation 1: Build capacity in rural areas.
Proposed Activities:

- The CJTF will continue to ensure that all available resources are utilized for cases that need specialized interviews, with a particular emphasis on outreach to rural areas.
- The Kempe Children's Center's START (State and Regional Team) will continue to provide this consultation and training through a contract with the Colorado Department of Human Services (CDHS). The contract will provide for the services of a pediatric radiologist, a forensic child psychiatrist, and a forensic odontologist. This team has also been able to draw on specific areas of need, including recent inclusion of a toxicologist who provided insight on a unique case. A focus for this team has been on rural areas, and this team has seen cases in recent years from a large majority of Colorado counties.
- The Children's Justice Act grant will continue to fund the CDHS pediatric consultants and law enforcement officers as multidisciplinary team members, and to be available on an individual basis, as consultants and trainers.
- This recommendation will continue as a priority for future rounds of the CJTF Request for Application (RFA) process.

Recommendation 2: Develop resources that ensure procedural fairness in the investigative, administrative, and judicial handling of cases of child abuse and neglect.
Proposed Activities:

- This recommendation will continue as a priority for future rounds of the RFA process and CJTF will focus recruitment efforts on entities that might develop proposals in this area.

Recommendation 3: Continue to develop and support training opportunities for child protection workers, domestic violence advocates, law enforcement officers, Guardians ad Litem (GAL), and judges to improve the investigative, administrative, and judicial handling of cases of child abuse and neglect.
Proposed Activities:

- This recommendation will continue as a priority for future rounds of the RFA process and CJTF will focus recruitment efforts on entities potentially developing proposals in this area.

Recommendation 4: Support the activities of the Colorado Fatality Review Team (CFRT) in disseminating information statewide.

Proposed Activities:

- The CJTF will consult with the CFRT on new processes involved in the review of child fatalities with prior DHS involvement. The team will also consider ways to assist the team in the evaluation and dissemination of trends noted in fatality and near fatality reviews.

Recommendation 5: Coordinate efforts with other recommending bodies to identify areas that support systems responses to child abuse and neglect.

Proposed Activities:

- Utilize information gained from this effort to inform future recommendations that are disseminated by the CJTF.
- Disseminate information related to the work of the CJTF to partner organizations and stakeholders.
- Identify and create opportunities to be informed of outcome and trend data for populations affected by the work of the CJTF.
- Work collaboratively as a team to develop the 2013-2014 annual report.
- Work with Prowers County's newly established oversight panel to integrate recommendations for coming years.
- Ensure Colorado maintains a Children's Justice Task Force and have one or two members participate in the national conference.
- Maintain the RFA process to assist in disseminating Children's Justice Act (CJA) funds to multi-disciplinary recipients, according to the focus areas outlined above.
    - Proposals will be reviewed with a standard instrument that outlines priorities for the current year, the priorities of the CCJTF, and ultimately, the overarching requirements of CJA.
    - CJTF members will review and score all applications for funding to set priorities and offer support to accepted proposals.
    - Develop a strategy to work with an evaluation team to create over-arching evaluative measures that identify and elaborate on project successes.
    - Institute a process for the continuous quality improvement of the entire process, and continue to work on the enhancement of the evaluation team's recommendations and awards of CJA funds.

Recommendation 6: Explore and make recommendations on the needs of youth who are involved across the Department of Youth Corrections and the Division of Child Welfare Services.

- This recommendation will continue as a priority for future rounds of the RFA process and CJTF will focus recruitment efforts on entities that might develop proposals in this area.

Chafee Foster Care Independence Program (CFCIP) and Educational and Training Vouchers (ETV)

Colorado CFCIP and ETV Services for the Performance Period of October 1, 2011 to September 30, 2012

1. Program and Services Description

Colorado's Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher (ETV) programs provide statewide services and support for youth currently in and exited from OOH care, in accordance with the John H. Chafee Foster Care Independence Program. This report addresses both Sec. 477 (42 U.S.C. 677) (a) of the Social Security Act and Colorado's progress on the CFSP goals.

Colorado's CFCIP (ages 15-21) and ETV (ages 17-23) Programs provide support services to youth who:

- Have been in out-of home (OOH) care for a cumulative of at least 6 months and are age 15-21; or
- Were in OOH care on their 18th birthday; or
- Entered adoption assistance, or guardianship assistance (relative or non-relative) at age 16 or after and have not reached age 21; or
- Were in community placement (Title IV-E funded) through DYC on their 18th birthday.

There are no changes or revisions to the goals and objectives established in the 2010-2014 CFSP and no CFCIP or ETV improvements required in the 2009 CFSR, Title IV-E or AFCARS.

Colorado has established the following actions to guide the programs in 2013-2014:

- Improve the alignment, integration and leveraging of collaborative Chafee and ETV services with other Colorado initiatives. This includes internal and external initiatives such as Colorado's Title IV-E Demonstration Waiver initiatives; family engagement, permanency roundtables and differential response.
- Use relevant data and research, such as the National Youth in Transition Database (NYTD) and Chapin Hall's Midwest Study for Former Foster Youth Adult Functioning, to ensure improved outcomes for youth. Improve the use of practice tools to include Permanency by Design; Colorado's Three Branch State Permanency Plan, No Time to Lose Permanency Values Framework, Permanency Roundtables, and the Crossover Youth Practice Model.

2. Collaboration

Ongoing coordination and collaborative efforts are conducted across the entire spectrum of the child and family service delivery system. Stakeholders and partners were involved in the review of progress made in the past fiscal year, and the updates for the coming year related to CFCIP and ETV services:

- State Child Welfare Reorganization and Collaborative Strategic Planning: Effective December 1, 2012, the DCW reorganized and created a newly formed Youth Services Unit, which is focused on aligning and integrating youth services, optimizing youth permanency and transitional services with a variety of public and private stakeholders.

- Federal, State, County and Private Collaborative Activities with CFCIP and ETV includes:
  - Colorado Practice Model: CPM provides collaborative opportunities with child welfare and CFCIP stakeholders to improve safety, permanency and well-being outcomes.
  - Court Appointed Special Advocates (CASAs): Provides collaborative opportunities to increase the number of CASAs to serve older youth and to partner on the delivery of CASA's new transitional services curriculum, "Fostering Futures."
  - Behavioral Health Transformation Council – Under 26 Transitions Workgroup: Provides collaborative opportunities to improve after-care transition services for OOH care and CFCIP youth with mental illness or substance needs. The council hosted a webinar, providing an overview of CFCIP services, for over 100 attendees.
  - Department of Local Affairs – Division of Housing: Provides youth-designated Family Unification Program housing vouchers for foster care alumni lacking stable housing. Collaboratively expanded vouchers to rural sites, with several county CFCIP caseworkers providing case management to support these housing vouchers.
  - Department of Local Affairs – Division of Housing; Office of Homeless Youth Services: Provides opportunities to collaboratively create and implement the State Homeless Youth Plan through the State Advisory Committee on Homeless Youth; including a focus on preventing youth from aging out of child welfare and becoming homeless. Facilitated the Statewide Runaway and Homeless Youth Awareness Month kick-off activities in November 2012 at the Denver Art Society.
  - Department of Health Care Policy and Financing: Provides "Extended Medicaid" (ages 18-21) to youth that were in foster care or adoption assistance on their 18th birthday and have not reached age 21. Working collaboratively to extend to youth who were in guardianship assistance and extension reviews for youth before they turn 21 and the potential for youth to be included up to age 26 with the new Federal legislation.
  - Department of Revenue, Division of Motor Vehicles: Provides no-cost Colorado ID cards for youth to remove identification barriers to employment and education.
  - Department of Public Health and Environment – Vital Statistics: Provides no-cost birth certificates to foster care youth to reduce the barriers to education and employment.
  - Department of Public Health and Environment – Youth Sexual Health Team: Provides adolescent sexual health information and training to pregnant and parenting teens and reduce incidences of unplanned pregnancies and communicable diseases.
  - Department of Public Health and Environment – Colorado 9 to 25: Creates the initial framework for a statewide youth development system. Provides information and networking opportunities using a positive youth development to encourage collaborative, cross-system youth work and youth leader development.
  - Colorado Supportive Services for Runaway and Homeless Youth – Rural Collaborative (Federal Family and Youth Services Bureau Demonstration Project): Provides homelessness services to youth in five rural counties. A Chafee-eligible youth leader receiving services through this project completed Foster Club All-Star leadership training; was on the interview panel that helped hire the new State Chafee specialist; assisted in passing HB 11-1079 expanding safe housing capacity by establishing the concept of rural host homes and extensions in foster care; addressed the National Governor's Association Learning Lab in Chicago on foster youth strengths and needs to judicial officers, legislators and child welfare directors from five states. As a result of her performance, each State affirmed they would be changing their practice to always include youth leader's voice in their policy-making as a standard practice.

- Colorado Youth Leadership Network - County Youth Advisory Boards: Provides youth voice to inform state and county policy, program and practice development. There are a total of 11 boards; seven fully functioning and four in developmental stages. County youth leaders serve on key state-level boards and committees including: Colorado Department of Human Services Child Welfare Executive Leadership Council; Psychotropic Medication Utilization Committee; Juvenile Justice Task Force, No Time to Lose; Foster Club All-Star leadership development team; and College Connect Youth Leaders Team. Several youth leaders participated in public service announcement videos on three different areas of recruitment: youth advisory board leader; foster and foster-adopt homes; and rural host homes.
- Casey Family Programs: Provides supports for implementation of the No Time to Lose Permanency Policy Framework; Permanency Roundtables Practice Model; and the Crossover Youth Practice Model. Colorado recently began participating in an 18 month, five state Casey Family Programs Older Youth in Child Welfare learning collaborative. As a result of this partnership, older youth permanency is increasing and more youth are avoiding aging out of foster care or CFCIP to homelessness.

- Collaboration with the Courts
  - The National Governor's Three Branch Institute conducted several older youth permanency learning labs with Colorado and four other states. The outcomes of the learning labs and technical assistance that supports CFCIP and ETV services includes:
  - Creation of a Colorado Youth Permanency Team composed of numerous representatives from the judicial and legislative areas:
    - The Executive Branch: Two representatives from the Colorado Department of Human Services, Division of Child Welfare and one representative from the county Colorado Human Services Director's Association
    - The Legislative Branch: Two Colorado Senators who formed the bi-cameral, bi-partisan Children's Caucus to inform the legislature on children and youth permanency concerns for potential legislation
    - The Judicial Branch:
    - Two Chief Justice's appointed judicial officers
    - A Judicial Permanency Advisory Group; eleven judicial officers
    - Court Improvement Program; two representatives
    - Office of the Child's Representative; two representatives
    - State Court Appointed Special Advocates; one representative
  - Creation of a Cross-Branch Youth Permanency Plan and eleven jurisdictional plans with local best practice court teams that include county representatives

- The State team's efforts and the implementation of the cross-branch permanency plans resulted in:
  - OOH care placements decrease of 11.1%
  - An average daily population decrease of 12.4%
  - Use of congregate care decrease of 1.9%
  - Use of the OPPLA permanency goal decrease of 20%

3. Program Support

The State's training and technical assistance provided to counties and other local or regional entities to be provided in the upcoming fiscal year includes:

- The state will conduct at least four Chafee Quarterly Training Meetings with a focus on improved effectiveness of CFCIP services and improved supports to ETV recipients. Initial findings from the NYTD will be utilized to support these training meetings.
- The state will provide training and technical assistance to increase the youth involvement through development and enhancement of county youth advisory boards.
- State staff will provide individual technical assistance to counties based on individual needs.
- The Colorado CFCIP and ETV programs do not anticipate a need for technical assistance in FY 2014 from the Children's Bureau Training and Technical Assistance network, including National Resource Centers and Quality Improvement Centers.

Colorado NYTD Status

The NYTD was implemented on October 1, 2010 and the current status is:

- Oct 1, 2010-Sep 30, 2011; Cohort 1; age 17 surveyed with a 98% completion rate
- Oct 1, 2011-Sep 30, 2012; Cohort 1; age 18 no survey required
- Oct 1, 2012-Sep 30, 2013; Cohort 1; age 19 survey in progress
- Oct 1, 2012 Sep 30, 2013; Cohort 2; age 17 survey in progress

Top Barriers Encountered:

- Youth name changes
- Youth who move out of state
- Youth who are involved with the DYC or adult systems of care, including corrections, jail, or mental health

Next Step Compensatory Measures for 2014:

- Purchase Accurint services; access all public records to locate youth
- Acquire Facebook search services and training
- Develop information-sharing/release of information form and memorandums of understanding with key agencies serving this shared youth population
- Modification of Trails to provide statewide cross-county youth survey alerts

4. Consultation and Coordination between Tribes and States

Eligible CFCIP and ETV youth from Colorado's Southern Ute and Ute Mountain Ute Tribes receive Independent Living services through their counties of residence. The tribes have not requested or received CFCIP or ETV allotments directly from ACF or the State.

Chafee Foster Care Independence and Education and Training Vouchers Programs

The chart below lists Colorado's assessment of the specific accomplishments and progress achieved toward meeting each goal and objective in the CFSP; relevant state and local data supporting the State's assessment of the progress; the steps Colorado will take to expand and strengthen the range of existing services and to develop and implement services to improve child

outcomes, the planned activities, new strategies for improvement, and the method(s) to be used to measure progress.

	Purpose Areas	Specific Accomplishments (services provided)	Relevant Services Data	Next Steps 2014	Measurement Methods (outcomes)
1	Self-sufficiency	-Needs assessments -Budget calculator	1,086	-Train Youth Connections Scaling Tool	NYTD and Trails Data
2	Employment	-Career/vocational preparation	7,132	-Webinar; WIA funding	NYTD and Trails Data
3	Education	-Academic support -Financial assistance	8,379	-Webinars -Expand Celebration of Educational Excellence; and Resource Fair	NYTD and Trails Data
4	Mentors	-Mentoring	2,144	-Expand career and college prep, mentoring resources	NYTD and Trails Data
5	Supports (ages18-21)	-Independent living -Room and board -Management; money, housing, health and risks	12,961	-Create a model County Independent Living Arrangement (ILA) and stipend policy and procedures guide	NYTD and Trails Data
6	ETVs	-Post-secondary Supports	910	-Create former foster youth college ETV support programming	NYTD and Trails Data
7	Aftercare; ages 16+ who left foster care to relative guardianship or adoption	-Family supports -Healthy marriage Education	11,873	-Use permanency and transition roundtables and social media to provide accurate CFCIP/ETV information	NYTD and Trails Data

- A snapshot sample of County-specific accomplishments include:
- Fremont County: One youth is the youth advisory board member on several government committees and one is a youth leader for College Connect.
- Larimer County: One youth has saved $8,000 over two years and bought a new car. One youth overcame homelessness and an addiction to be promoted to the Captain of Banquets at a famous Rocky Mountain National Park Hotel. He is also parenting his two year old son with the birth mother.
- Pueblo County: A Young Women's Self Awareness Workshop was conducted that was well received by the youth and a CASA educational tutoring program has been created.

Activities performed since the 2012 APSR and planned for FY 2014 to coordinate services with other Federal and State programs for youth (especially transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974) include:

<u>2012 Key Activities</u>

- <u>College Connect</u>: Colorado facilitated a two and a half day college experience event for youth that includes living in a college dorm, eating cafeteria meals, and receiving on-campus orientation activities and leadership development sessions. Approximately 50 youth attended with CFCIP staff. Youth stayed at the Colorado Mountain College.
    - The Pingree Campus, Colorado State University, in Fort Collins is the projected 2014 site, with emphasis on forestry management and ecology careers.

- Celebration of Educational Excellence: Colorado recognized youth in foster care who have completed a high school diploma or GED. Approximately 200 youth attended and brought siblings, family and supporters to the Metropolitan State University campus.
    - An extensive Career and College Fair was available before the ceremony. Participating providers include vocational schools, colleges, foundations, and education and employment supports that are available to youth and their supporters.
- Colorado's coordination of federal and state programs for youth is accomplished through the multi-disciplinary State Advisory Committee on Homeless Youth that is hosted by the Colorado Department of Local Affairs – Division of Housing; the Office of Homeless Youth Services provides opportunities to coordinate services through the quarterly meetings, monthly committee meetings and in the State Homeless Youth Plan.
- FY 2014 services are contained in the below chart, with highlights of changes and additions and the
  - population(s) to be served;
  - geographic areas where the services will be available; and
  - estimated number of individuals and families to be served.

Fiscal Year 2014	CFCIP Services	ETV Services	List changes and/or additions	How will services assist in achieving program purposes?
Populations to be served:	Ages 15-21 per criteria listed above in Section C.1. b.	Estimated: 190 students (returning, new and an increase of five from the previous year of 185	Expand services access to regional rural areas and on targeted college campuses	-Increase access for rural youth; provides campus support services for ETV students.
Geographic areas where the services will be available:	Colorado 64 Counties; 2 Tribes; and eligible youth from other states residing in Colorado	Colorado 64 Counties; 2 Tribes; and eligible youth from other states residing in Colorado	Expand services access to rural counties that are not in a regional collaborative	Improves services accessibility and information for underserved rural youth and families
Estimated number of individuals and families to be served:	2,578	190	Resources may be impacted by sequestration, with a possible services decrease.	Promoting a focus on collaborative funding for CFCIP and ETV services, enhancing new community supports and resources without supplanting or duplicating CFCIP/ETV.

Specific training conducted since the last APSR and planned for FY 2014 in support of the goals and objectives of Colorado's CFCIP and to help foster parents, relative guardians, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living include:
Technical Assistance and Training Provided in 2013:

- Technical assistance provided to counties and providers through phone, e-mail, text contacts; webinars, work groups, and classroom training.

- Quarterly meetings; Adolescent Services Roundtables and Chafee Services Roundtables are held in January, April, July and October to train on new statutes, rules, NYTD and to share promising practices.
- Topics include; increasing caseworker and foster parent competencies in independent living skill building in the NYTD service domains; resource acquisition skills; Family Bound Program; Setting the Record Straight Video and trauma informed Care.
- **Technical Assistance and Training Projected in 2014**
- All technical assistance remains the same as 2013, with the exception of collaborative training with the Colorado State Foster Parent Association on the CASA "Fostering Futures" curriculum and CFCIP and ETV services.

No Colorado CFCIP or ETV funds are placed in a trust fund.

Activities undertaken to involve youth (through age 20) in State agency efforts such as the CFSR/PIP process and the agency improvement planning efforts:

- Youth leaders are involved numerous planning and implementation efforts that include, but are not limited to, the National Governor's Three Branch Institute, Casey Family Programs No Time to Lose committees, College Connect youth leader opportunities, focus groups, Face Book polls, the State Homeless Youth Plan development and the recent panel interview that hired the new State CFCIP specialist.
- Colorado expanded Medicaid to provide services to youth ages 18 through 26 years old who have aged out of foster care or were in an adoption assistance agreement.
- In 2014, Colorado will expand Medicaid access to include youth ages 18 to 26 that were in a relative guardianship assistance agreement; ensure that counties are reassessing a youth's continued eligibility before aging out of services at age 21; and that the youth are included in the health care coverage expansion to age 26.

Education and Training Voucher Program

The Colorado ETV is State-supervised and contractor-administered. The contractor is Foster Care to Success Foundation, previously known as the Orphans Foundation.

- All eligible Colorado youth who completed their applications and attended school were funded.
- ETV eligibility was expanded by child welfare rules to include:

Colorado Education and Training Voucher Expanded Service Populations
1) DCW and DYC Youth, ages 15 to 21, who have been in OOH care or a community placement a minimum of 6 months, (consecutive months not required.)
2) Youth, age 16-21, who entered Adoption Assistance on or after age 16.
3) Youth, age 16-21, who and entered Relative Guardianship Assistance on or after age 16.
4) Young adults, age 18-21, who were in out-of-home care on their 18th birthday.

Statistical and Supporting Information Education and Training Vouchers (ETV)

Annual Reporting of State Education and Training Vouchers (ETVs) Awarded

Time Period	Total ETVs Awarded	Number of New ETVs
2011-2012 School Year (July 1, 2011 to June 30, 2012)	182	82
2012-2013 School Year* (July 1, 2012 to June 30, 2013)	185	84

*Projected estimate for new and awarded ETVs for the 2012-2013 School Year—completed before the final numbers are known.

Inter-Country Adoptions

CDHS has a limited role in international adoptions. International adoption assistance is not available under Colorado or federal administrative code. Parents adopting children internationally are able to access services through their county departments of human/social services, through private insurance and private adoption agencies. There were 332 children adopted from other countries in Calendar Year 2012.

According to Trails data, there were no disruptions of international adoptions for SFY 2012.

Juvenile Justice Transfers

There were 254 Juvenile Justice Transfers for SFY 2012 from DCW to Division of Youth Corrections. Both Divisions enter child information into the Trails system, from which this information is drawn.

2013 Annual Progress and Services Report Appendices

Appendix A Permanency Composites

Colorado's Performance on Permanency Composites

The following tables provide an overview of the measurements and summarize Colorado's performance. Shaded areas indicate the need for improvement. A description of permanency and strategies follow the data, and it should be considered that improved outcomes may not be more apparent until the 2013 AFCARS data profile is released.

- *Re-entries to foster care in less than 12 months continues to be a challenge; with a rate that is double the federal standard.*

Permanency Composite 1: Timeliness and Permanency of Reunification
The national standard is 122.6 or higher. For FFY 2012, Colorado is at 117.6. There are two components to Composite 1: Timeliness of reunification and Permanency of reunification. Colorado has a large percentage of children who exit in fewer than eight days—approximately 10% in each composite.

Composite 1 Measurement	FFY 2012	FFY 2011	Federal Standard
Percent of children who exit to reunification in less than 12 months.	78.9	76.7	Greater than or equal to 75.2%
Exits to reunification, median stay (months).	5.2	5.4	5.4
Percent of children who re-enter foster care in less than 12 months.	20.3	17.3	Less than 9.9%

- *Adoptions are excellent in Colorado.*

Permanency Composite 2: Timeliness of Adoptions
The national standard is 106.4 (or higher) and Colorado's score is 127.6 for FFY 2012. There are three components to Composite 2:

Composite 2 Measurement	FFY 2012	FFY 2011	Federal Standard
Percent of children who exit to adoption in less than 24 months.	55.4	56.8	Greater than or equal to 36.6.
Exits to adoption, median length of stay.	22.6	22.2	Less than 27.3 months
Percent of children in care 17+ months adopted by end of the year.	25.0	20.5	Greater than or equal to 20.7
Progress toward adoption of children who are legally free, in less than 12 months.	61.8	63.7	Greater than or equal to 53.7

- *Exits to permanency for children prior to their 18th birthday, in care 24+ months is improving. Children with TPR exiting to permanency is close to the federal standard, and children emancipating who were in foster care for three years exceeds that federal standard.*

Permanency Composite 3: Achieving Permanency for Children and Youth in Foster Care for Long Periods of Time

The national standard is 121.7 (or higher) and Colorado's score for FFY 2012 is 131.7. The two components to Composite 3 are:

Composite 3 Measurement	FFY 2012	FFY 2011	Federal Standard
Percent of children who exit to permanency prior to 18th birthday for children in care for 24+ months.	23.2	21.5	Greater than or equal to 29.1.
Percent of children exits to permanency for children with TPR.	97.4	96.8	Greater than or equal to 98.
Percent of children emancipated who were in FC for 3 years+	24.8	26.6	Less than 37.5

- *Placement stability for children in two or fewer placement settings in care 12-24 months is close to federal standard; children in care 24+ months is improving.*

Permanency Composite 4: Placement Stability

The national standard is 101.5 (or higher) and Colorado's score for FFY 2012 was101.2. There are three measures in this composite:

Composite 4 Measurement	FFY 2012	FFY 2011	Federal Standard
Percent of children with two or fewer placement settings/in care less than 12 months.	87.9	87.8	Greater than or equal to 86.0
Percent of children who had two or fewer placement settings/in care 12-24 months.	65.3	66.8	Greater than or equal to 65.4
Percent of children who had two or fewer placement settings/in care 24+ months.	39.2	34.5	Greater than or equal to 41.8%

Appendix B Training Evaluations

EVALUATION DATA FOR TRAININGS OFFERED BETWEEN July 1, 2012 AND March 31, 2013.

Satisfaction with Courses based on the **CONTENT** of the course

NEW WORKER TRAINING ACADEMY

The following table shows satisfaction by course with the content of new worker training academy modules conducted during the period July 1, 2012 and March 31, 2013.

The ratings are on a scale from 1 to 4 with "1" denoting the least amount of satisfaction and "4" denoting the highest level of satisfaction.

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7
Module 1*	Mean	3.50	3.59	3.66	3.63	3.67	3.60	3.60
	N	46	46	47	48	48	48	48

*- Module 1 Classroom training was converted to online web-based training starting with Cohort 5 (October 2012)

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7
Module 2	Mean	3.38	3.51	3.61	3.57	3.70	3.64	3.63
	N	165	164	164	165	165	165	164

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7
Module 3	Mean	3.47	3.50	3.59	3.59	3.62	3.61	3.61
	N	156	156	156	154	156	155	155

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7
Module 4*	Mean	3.67	3.64	3.74	3.69	3.69	3.71	3.71
	N	42	42	42	42	42	42	42

*- Module 4 Classroom training was converted to online WBT starting with Cohort 5 (October 2012)

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7
Module 5	Mean	3.43	3.53	3.63	3.61	3.65	3.62	3.58
	N	126	125	125	126	126	126	126

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7
Module 6*	Mean	3.65	3.55	3.59	3.56	3.53	3.47	3.59
	N	34	33	34	34	34	34	34

*- Module 6 Classroom training was converted to online WBT starting with Cohort 5 (October 2012)

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7
Module 7	Mean	3.57	3.60	3.64	3.63	3.67	3.69	3.67
	N	155	155	152	155	153	150	151

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7
LPC1	Mean	3.74	3.79	3.80	3.82	3.83	3.81	3.76
	N	94	92	93	94	94	94	92

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7
LPC2	Mean	3.81	3.81	3.83	3.82	3.83	3.82	3.84
	N	102	101	102	102	102	102	102

Course Titles
Module 1: Beginning your trip on the Child Welfare Path
Module 2: The Initial Assessment
Module 3: Interviewing, Child Development and Effects of Maltreatment
Module 4: Sexual Development in Children and the Nature of Adolescents
Module 5: Ongoing Service Provision
Module 6: Achieving Permanency for Children in the Child Welfare System
Module 7: Winding down the Path
LPC1: Legal Preparation for Workers Day 1
LPC2: Legal Preparation for Workers Day 2

Content items by Content number
Content 1: The subject matter was at the right level of difficulty.
Content 2: The workshop content was compatible with my agency's philosophy and policies.
Content 3: My agency will support me in using this training on the job.
Content 4: I learned specific job-related knowledge and/or skills.
Content 5: I will use knowledge and/or skills from this training on the job.
Content 6: I will be able to do my job better because of this training.
Content 7: Families will benefit from my taking this course.

NEW SUPERVISOR TRAINING ACADEMY

The following table shows satisfaction by course with the content of new supervisor academy training modules conducted during the period July 1, 2012 and March 31, 2013.

The ratings are on a scale from 1 to 4 with "1" denoting the least amount of satisfaction and "4" denoting the highest level of satisfaction.

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7
Module 1	Mean	3.30	3.47	3.57	3.67	3.73	3.57	3.34
	N	30	30	30	30	30	30	29

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7
Module 2	Mean	3.47	3.53	3.43	3.67	3.60	3.60	3.47
	N	30	30	30	30	30	30	30

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7
Module 3	Mean	3.54	3.54	3.48	3.67	3.71	3.54	3.50
	N	24	24	23	24	24	24	24

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7
Module 4	Mean	3.52	3.52	3.44	3.80	3.75	3.72	3.64
	N	25	25	25	25	24	25	25

Course Titles
Module 1: Leading the Way in Child Protection
Module 2: Clinical Practice & Case Consultation
Module 3: Supervisor as Practice Expert
Module 4: Agency Collaboration

Content items by Content number
Content 1: The subject matter was at the right level of difficulty.
Content 2: The workshop content was compatible with my agency's philosophy and policies.
Content 3: My agency will support me in using this training on the job.
Content 4: I learned specific job-related knowledge and/or skills.
Content 5: I will use knowledge and/or skills from this training on the job.
Content 6: I will be able to do my job better because of this training.
Content 7: Families will benefit from my taking this course.

FOSTER PARENT CORE

The following table shows satisfaction by course with the content of foster parent core trainings conducted during the period July 1, 2012 and March 31, 2013.
The ratings are on a scale from 1 to 4 with "1" denoting the least amount of satisfaction and "4" denoting the highest level of satisfaction.

Satisfaction with Courses based on the content of the course

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7	Content 8
Foster Core	Mean	3.73	3.72	3.77	3.68	3.83	3.83	3.84	3.83
	N	306	269	293	305	308	303	309	301

Content items by Content number
Content 1: The subject matter was at the right level of difficulty.
Content 2: The workshop content was compatible with my agency's philosophy and policies.
Content 3: My County will support me in using this training as a foster parent.
Content 4: This class helped me with making my decision about being a foster parent.
Content 5: I have more knowledge of what is required of me as a foster parent.
Content 6: I will be a better foster parent because of this training.
Content 7: I will use what I learned from this training as a foster parent.
Content 8: Children will benefit from my taking this course.

ONGOING WORKER & SUPERVISOR TRAININGS

The following table shows satisfaction by course with the content of ongoing worker/supervisor trainings conducted during the period July 1, 2012 and March 31, 2013.

The ratings are on a scale from 1 to 4 with "1" denoting the least amount of satisfaction and "4" denoting the highest level of satisfaction.

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7
Worker Ongoing	Mean	3.50	3.54	3.55	3.56	3.59	3.53	3.52
	N	1748	1743	1736	1747	1745	1738	1731

Content items by Content number
Content 1: The subject matter was at the right level of difficulty.
Content 2: The workshop content was compatible with my agency's philosophy and policies.
Content 3: My agency will support me in using this training on the job.
Content 4: I learned specific job-related knowledge and/or skills.
Content 5: I will use knowledge and/or skills from this training on the job.
Content 6: I will be able to do my job better because of this training.
Content 7: Families will benefit from my taking this course.

FOSTER PARENT ONGOING TRAININGS

The following table shows satisfaction by course with the content of foster parent ongoing trainings conducted during the period July 1, 2012 and March 31, 2013.
The ratings are on a scale from 1 to 4 with "1" denoting the least amount of satisfaction and "4" denoting the highest level of satisfaction.

Satisfaction with Courses based on the content of the course

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7	Content 8
Foster Ongoing	Mean	3.51	3.54	3.53	3.53	3.61	3.64	3.65	3.63
	N	316	299	256	232	239	249	250	295

Content items by Content number
Content 1: The subject matter was at the right level of difficulty.
Content 2: The workshop content was compatible with my agency's philosophy and policies.
Content 3: My County will support me in using this training as a foster parent.
Content 4: This class helped me with making my decision about being a foster parent.
Content 5: I have more knowledge of what is required of me as a foster parent.
Content 6: I will be a better foster parent because of this training.
Content 7: I will use what I learned from this training as a foster parent.
Content 8: Children will benefit from my taking this course.

Appendix C Ongoing Training

Training Sessions Provided by the Child Welfare Training Academy

Class Name	Start Date	Provider
7th Judicial District Regional Resources Meeting	4/2/2012	Center for Governmental Training
7th Judicial District Regional Resources Meeting	9/23/2011	Center for Governmental Training
7th Judicial District Regional Resources Meeting (SPECIAL SESSION)	4/2/2012	Center for Governmental Training
Achieving Permanency through Intensive Family Finding	1/24/2012	CW/USM Training
Achieving Permanency through Intensive Family Finding	2/16/2012	CW/USM Training
Achieving Permanency through Intensive Family Finding	2/28/2012	CW/USM Training
Achieving Permanency through Intensive Family Finding	3/6/2012	CW/USM Training
Achieving Permanency through Intensive Family Finding	4/25/2012	CW/USM Training
Achieving Permanency through Intensive Family Finding	5/7/2012	CW/USM Training
Achieving Permanency through Intensive Family Finding	5/17/2012	CW/USM Training
Achieving Permanency through Intensive Family Finding	6/18/2012	CW/USM Training
Addiction Counseling Skills (21 hour CAC I class)	1/6/2012	Division of Behavioral Health
Addressing the Developmental Needs of Young Children in the Child Welfare System (PILOT)	8/2/2011	CW/USM Training
Adolescent Assessment and Case Planning	3/9/2012	Metropolitan State University of Denver Family Center - Training
Adolescent Assessment and Case Planning	3/22/2012	Metropolitan State University of Denver Family Center - Training
Adolescent Assessment and Case Planning	6/1/2012	Metropolitan State University of Denver Family Center - Training
Adolescent Assessment and Case Planning	7/13/2011	Metropolitan State University of Denver Family Center - Training
Adolescent Assessment and Case Planning	9/15/2011	Metropolitan State University of Denver Family Center - Training
Adolescent Assessment and Case Planning	9/21/2011	Metropolitan State University of Denver Family Center - Training

Adolescent Development	1/18/2012	Metropolitan State University of Denver Family Center - Training
Adolescent Development	3/8/2012	Metropolitan State University of Denver Family Center - Training
Adolescent Development	7/12/2011	Metropolitan State University of Denver Family Center - Training
Adolescent Substance Use and Associated Disorders	4/26/2012	Metropolitan State University of Denver Family Center - Training
Adolescent Substance Use and Associated Disorders	8/11/2011	Metropolitan State University of Denver Family Center - Training
Adolescent Suicide: prevention, assessment, intervention, and signs/ symptoms	2/7/2012	CW/USM Training
Adolescent Suicide: prevention, assessment, intervention, and signs/ symptoms	9/20/2011	CW/USM Training
Adolescent Suicide: prevention, assessment, intervention, and signs/ symptoms	10/25/2011	CW/USM Training
Adolescent Suicide: prevention, assessment, intervention, and signs/ symptoms	12/7/2011	CW/USM Training
Adolescents with Developmental Disabilities	1/18/2012	Metropolitan State University of Denver Family Center - Training
Adolescents with Developmental Disabilities	10/19/2011	Metropolitan State University of Denver Family Center - Training
Adolescents with Developmental Disabilities who Commit Sexual Offenses	3/21/2012	Metropolitan State University of Denver Family Center - Training
Adolescents with Developmental Disabilities who Commit Sexual Offenses	6/14/2012	Metropolitan State University of Denver Family Center - Training
Adolescents with Developmental Disabilities who Commit Sexual Offenses	9/15/2011	Metropolitan State University of Denver Family Center - Training
Advocating for the Educational Needs of Children in Out-of-Home Care	5/31/2012	CW/USM Training
Advocating for the Educational Needs of Children in Out-of-Home Care	8/29/2011	CW/USM Training
Ages and Stages Social Emotional Screening for Young Children	2/16/2012	Metropolitan State University of Denver Family Center - Training
Ages and Stages Social Emotional Screening for Young Children	7/14/2011	Metropolitan State University of Denver Family Center - Training
Ages and Stages Social Emotional Screening for Young Children	11/15/2011	Metropolitan State University of Denver Family Center - Training
Ages and Stages Social Emotional Screening for Young Children	12/6/2011	Metropolitan State University of Denver Family Center - Training
Approaching Family Issues: Drugs, Kids & Community	1/23/2012	CW/USM Training
Approaching Family Issues: Drugs, Kids & Community	2/6/2012	CW/USM Training

Approaching Family Issues: Drugs, Kids & Community	3/5/2012	CW/USM Training
Approaching Family Issues: Drugs, Kids & Community	3/19/2012	CW/USM Training
Approaching Family Issues: Drugs, Kids & Community	4/9/2012	CW/USM Training
Brain Matters Communication Strategies	2/16/2012	CW/USM Training
Brain Matters Communication Strategies	4/26/2012	CW/USM Training
Brain Matters Communication Strategies	9/30/2011	CW/USM Training
Brain Matters Communication Strategies	10/5/2011	CW/USM Training
Building Partnerships with Families: Practical Interventions for the Para-professional	5/14/2012	Metropolitan State University of Denver Family Center - Training
Building Partnerships with Families: Practical Interventions for the Para-professional	11/3/2011	Metropolitan State University of Denver Family Center - Training
CAC Training Connection Orientation	2/15/2012	Division of Behavioral Health
CAC Training Connection Orientation	2/17/2012	Division of Behavioral Health
Caring for Children who have been Sexually Abused	3/2/2012	Butler Institute for Families at the University of Denver
Caring for Children who have been Sexually Abused	7/22/2011	Butler Institute for Families at the University of Denver
Caring for Children who have been Sexually Abused	11/4/2011	Butler Institute for Families at the University of Denver
Compassion Fatigue: A Supervisor's Training for Coping	3/22/2012	Butler Institute for Families at the University of Denver
Compassion Fatigue: A Supervisor's Training for Coping	4/26/2012	Butler Institute for Families at the University of Denver
Connecting the Dots Along the Pathway of Serving a Family	9/22/2011	Center for Governmental Training
Creating A Respectful Workplace	10/20/2011	CW/USM Training
Crisis Intervention	2/6/2012	CW/USM Training
Crisis Intervention	9/19/2011	CW/USM Training
Crisis Intervention	10/24/2011	CW/USM Training
Crisis Intervention	12/6/2011	CW/USM Training
Decision Making in Child Welfare Services	9/27/2011	CW/USM Training
Decision Making in Child Welfare Services	10/21/2011	CW/USM Training
Decision Making in Child Welfare Services	11/22/2011	CW/USM Training
Developmental Consequences of Child Maltreatment	4/24/2012	Kempe Center
Developmental Consequences of Child Maltreatment	10/4/2011	Kempe Center
Digging Deeper than Deadlines: Supporting Quality Practice through Clinical Supervisory Processes	6/27/2012	Butler Institute for Families at the University of Denver

Education Law in the Colorado Child Welfare System	5/3/2012	CW/USM Training
Education Law in the Colorado Child Welfare System	5/11/2012	CW/USM Training
Education Law in the Colorado Child Welfare System	8/30/2011	CW/USM Training
Education Law in the Colorado Child Welfare System	11/3/2011	CW/USM Training
Effective Family Engagement with Kin: Maintaining Connections for Children and Youth	4/26/2012	CW/USM Training
Effective Family Engagement with Kin: Maintaining Connections for Children and Youth	6/7/2012	CW/USM Training
Effective Matching Practices: Matching Practices that Promote Permanency	4/18/2012	Adoption Exchange
Effective Matching Practices: Matching Practices that Promote Permanency	4/24/2012	Adoption Exchange
Effective Matching Practices: Matching Practices that Promote Permanency	10/26/2011	Adoption Exchange
Engaging with Families: An Overview of Family Engagement Models	3/26/2012	CW/USM Training
Engaging with Families: An Overview of Family Engagement Models	3/28/2012	CW/USM Training
Engaging with Families: An Overview of Family Engagement Models	4/5/2012	CW/USM Training
Ethics and Liability	1/20/2012	Nicholson and Associates
Ethics and Liability	3/16/2012	Nicholson and Associates
Ethics and Liability	4/13/2012	Nicholson and Associates
Ethics and Liability	5/18/2012	Nicholson and Associates
Ethics and Liability	8/5/2011	Nicholson and Associates
Ethics and Liability	10/21/2011	Nicholson and Associates
Family Reunification	2/23/2012	Butler Institute for Families at the University of Denver
Fish Philosophy	9/29/2011	CW/USM Training
Foster Care Home CORE: Nuts and Bolts of Foster Care Certification and Recertification	1/24/2012	CW/USM Training
Foster Care Home CORE: Nuts and Bolts of Foster Care Certification and Recertification	4/24/2012	CW/USM Training
Foster Care Home CORE: Nuts and Bolts of Foster Care Certification and Recertification	7/26/2011	CW/USM Training
Foster Care Home CORE: Nuts and Bolts of Foster Care Certification and Recertification	10/4/2011	CW/USM Training
Foster Parent Core Training - CSUP	1/6/2012	Colorado State University-Pueblo

Foster Parent Core Training - CSUP	1/13/2012	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	1/20/2012	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	1/27/2012	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	2/3/2012	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	2/10/2012	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	3/23/2012	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	3/30/2012	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	4/13/2012	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	4/27/2012	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	5/11/2012	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	5/18/2012	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	6/1/2012	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	6/15/2012	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	6/22/2012	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	7/8/2011	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	7/15/2011	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	8/12/2011	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	8/19/2011	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	9/9/2011	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	9/16/2011	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	9/23/2011	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	9/30/2011	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	10/7/2011	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	10/14/2011	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	11/4/2011	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	12/2/2011	Colorado State University-Pueblo
Foster Parent Core Training - CSUP	12/9/2011	Colorado State University-Pueblo
Foster Youth Permanency and Well-being through Coordinated Decisions and Care, and National Youth in Transition Database Outcomes	5/17/2012	CW/USM Training
Foster Youth Permanency and Well-being through Coordinated Decisions and Care, and National Youth in Transition Database Outcomes	5/25/2012	CW/USM Training
Foster Youth Permanency and Well-being through Coordinated Decisions and Care, and National Youth in Transition Database Outcomes	6/8/2012	CW/USM Training
Foster Youth Permanency and Well-being through Coordinated Decisions and Care, and National Youth in Transition Database Outcomes	6/15/2012	CW/USM Training
Foster/Kinship Parents Guide To Advocacy for the Educational Needs of Children in Their Care	1/12/2012	CW/USM Training

Foster/Kinship Parents Guide To Advocacy for the Educational Needs of Children in Their Care	4/26/2012	CW/USM Training
Guided by the Law: ICWA, ADA, ASFA	4/21/2012	Adoption Exchange
Guided by the Law: ICWA, ADA, ASFA	5/8/2012	Adoption Exchange
Guided by the Law: ICWA, ADA, ASFA	6/4/2012	Adoption Exchange
Healing Traumatized Children in Substitute Care	4/27/2012	Butler Institute for Families at the University of Denver
Healing Traumatized Children in Substitute Care	8/12/2011	Butler Institute for Families at the University of Denver
Healing Traumatized Children in Substitute Care	12/9/2011	Butler Institute for Families at the University of Denver
Helping Children Cope: How Foster and Adoptive Parents Can Reduce Child Trauma During Placement Moves	3/21/2012	Adoption Exchange
Helping Children Cope: How Foster and Adoptive Parents Can Reduce Child Trauma During Placement Moves	9/1/2011	Adoption Exchange
Helping Children Cope: Reducing Trauma During Placement Moves	2/16/2012	Adoption Exchange
Helping Children Cope: Reducing Trauma During Placement Moves	4/21/2012	Adoption Exchange
Helping Children Cope: Reducing Trauma During Placement Moves	6/4/2012	Adoption Exchange
Helping Youth in Foster/Kinship Care Build Self-Sufficiency Skills	3/9/2012	CW/USM Training
Helping Youth in Foster/Kinship Care Build Self-Sufficiency Skills	10/21/2011	CW/USM Training
Icebreakers and Transition Meetings for Reunification	6/29/2012	CW/USM Training
ICON-Eclipse Interface with TRAILS - FAMJIS	8/2/2011	State Judicial
Indian Child Welfare Act: Basics and Best Practice	1/13/2012	CW/USM Training
Indian Child Welfare Act: Basics and Best Practice	1/20/2012	CW/USM Training
Indian Child Welfare Act: Basics and Best Practice	4/20/2012	CW/USM Training
Indian Child Welfare Act: Basics and Best Practice	10/13/2011	CW/USM Training
Initial Intervention with the Non-Offending Parent	3/15/2012	Butler Institute for Families at the University of Denver
Initial Intervention with the Non-Offending Parent	5/10/2012	Butler Institute for Families at the University of Denver
Initial Intervention with the Non-Offending Parent	10/27/2011	Butler Institute for Families at the University of Denver
Institutional Abuse/Neglect Training for County Investigators and Supervisors	3/5/2012	Center for Governmental Training

Integrating Child Welfare and Substance Abuse Intervention	9/22/2011	Odyssey Training Center
Interdisciplinary Case Conflict Management	5/15/2012	Kempe Center
Interdisciplinary Case Conflict Management	10/25/2011	Kempe Center
Intern Academy CBT Summary	8/31/2011	DotCom Research and Training
Intern Academy Module 1: Beginning your trip on the Child Welfare Path	8/31/2011	Butler Institute for Families at the University of Denver
Intern Academy Module 2: The Initial Assessment FY 11-12	9/7/2011	Butler Institute for Families at the University of Denver
Intern Academy Module 3: Interviewing, Child Development & Effects of Maltreatment	9/30/2011	Butler Institute for Families at the University of Denver
Intern Academy Module 4: Sexual Development in Children and the Nature of Adolescents	10/14/2011	Butler Institute for Families at the University of Denver
Intern Academy Module 5: Ongoing Service Provision FY 11-12	10/21/2011	Butler Institute for Families at the University of Denver
Intern Academy Module 6: Achieving Permanency for Children in the Child Welfare System	11/16/2011	Butler Institute for Families at the University of Denver
Intern Academy Module 7: Winding down the Path FY 11-12	11/30/2011	Butler Institute for Families at the University of Denver
Intern Academy OJT Summary	8/31/2011	Butler Institute for Families at the University of Denver
Intern Academy Summary Review	8/31/2011	Butler Institute for Families at the University of Denver
Intervention Skills for Case Aides	2/6/2012	Metropolitan State University of Denver Family Center - Training
Intervention Skills for Case Aides	9/8/2011	Metropolitan State University of Denver Family Center - Training
Intervention Strategies and Service Provision for Adolescents	4/25/2012	Metropolitan State University of Denver Family Center - Training
Intervention Strategies and Service Provision for Adolescents	8/10/2011	Metropolitan State University of Denver Family Center - Training
Leadership Academy for Supervisors Learning Network (LASLN)-Leading Change	8/15/2011	CW/USM Training
Leadership Academy for Supervisors Learning Network (LASLN)-Leading Change	8/17/2011	CW/USM Training
Leadership Academy for Supervisors Learning Network (LASLN)-Leading Change	10/12/2011	CW/USM Training
Leadership Academy for Supervisors Learning Network (LASLN)-Leading Results	7/18/2011	CW/USM Training

Leadership Academy for Supervisors Learning Network (LASLN)-Leading Results	7/20/2011	CW/USM Training
Leading from Two Steps Behind: Utilizing Solution-Focused & Motivational Interviewing Techniques to Enhance Supervision	4/12/2012	Butler Institute for Families at the University of Denver
Leading from Two Steps Behind: Utilizing Solution-Focused & Motivational Interviewing Techniques to Enhance Supervision	8/4/2011	Butler Institute for Families at the University of Denver
Leading from Two Steps Behind: Utilizing Solution-Focused & Motivational Interviewing Techniques to Enhance Supervision	9/27/2011	Butler Institute for Families at the University of Denver
Leading Positive Change	9/15/2011	Butler Institute for Families at the University of Denver
Legal Preparation for Caseworkers	1/18/2012	Nicholson and Associates
Legal Preparation for Caseworkers	1/31/2012	Nicholson and Associates
Legal Preparation for Caseworkers	2/22/2012	Nicholson and Associates
Legal Preparation for Caseworkers	3/13/2012	Nicholson and Associates
Legal Preparation for Caseworkers	4/3/2012	Nicholson and Associates
Legal Preparation for Caseworkers	4/24/2012	Nicholson and Associates
Legal Preparation for Caseworkers	5/15/2012	Nicholson and Associates
Legal Preparation for Caseworkers	6/5/2012	Nicholson and Associates
Legal Preparation for Caseworkers	7/26/2011	Nicholson and Associates
Legal Preparation for Caseworkers	8/16/2011	Nicholson and Associates
Legal Preparation for Caseworkers	9/7/2011	Nicholson and Associates
Legal Preparation for Caseworkers	9/27/2011	Nicholson and Associates
Legal Preparation for Caseworkers	10/18/2011	Nicholson and Associates
Legal Preparation for Caseworkers	11/8/2011	Nicholson and Associates
Legal Preparation for Caseworkers	12/6/2011	Nicholson and Associates
Legal Preparation for Caseworkers	12/20/2011	Nicholson and Associates
Legal Preparation for Interns	1/25/2012	Nicholson and Associates
Lifebooks: Connecting Children to their Past and Present	2/15/2012	Butler Institute for Families at the University of Denver
Lifebooks: Connecting Children to their Past and Present	6/14/2012	Butler Institute for Families at the University of Denver
Lifebooks: Connecting Children to their Past and Present	10/13/2011	Butler Institute for Families at the University of Denver
Love Em or Lose EM	10/12/2011	CW/USM Training
Maternal Substance Abuse	2/28/2012	Kempe Center
Maternal Substance Abuse	9/27/2011	Kempe Center
Medical Aspects of Child Maltreatment	1/30/2012	Kempe Center
Medical Aspects of Child Maltreatment	8/29/2011	Kempe Center

Mental Health for Children in Placement: A parent's guide to the world of medications, mental and behavioral health	1/25/2012	Butler Institute for Families at the University of Denver
Mental Health for Children in Placement: A parent's guide to the world of medications, mental and behavioral health	5/2/2012	Butler Institute for Families at the University of Denver
Mental Health for Children in Placement: A parent's guide to the world of medications, mental and behavioral health	10/26/2011	Butler Institute for Families at the University of Denver
Mitigating the Effects of Trauma	2/16/2012	CW/USM Training
Mitigating the Effects of Trauma	4/26/2012	CW/USM Training
Mitigating the Effects of Trauma	9/30/2011	CW/USM Training
Mitigating the Effects of Trauma	10/5/2011	CW/USM Training
Moffat County Regional Resources Meeting	10/11/2011	Center for Governmental Training
Motivational Interviewing (21 hour CAC II class)	3/3/2012	Division of Behavioral Health
Motivational Interviewing -Odyssey	2/9/2012	Odyssey Training Center
Motivational Interviewing -Odyssey	5/31/2012	Odyssey Training Center
Motivational Interviewing -Odyssey	8/1/2011	Odyssey Training Center
Nurturing Children with Special Health Care Needs	3/7/2012	Butler Institute for Families at the University of Denver
Nurturing Children with Special Health Care Needs	9/14/2011	Butler Institute for Families at the University of Denver
Nurturing Children with Special Health Care Needs	11/9/2011	Butler Institute for Families at the University of Denver
Parents with Mild Cognitive Impairments	3/26/2012	Metropolitan State University of Denver Family Center - Training
Parents with Mild Cognitive Impairments	5/18/2012	Metropolitan State University of Denver Family Center - Training
Parents with Mild Cognitive Impairments	8/5/2011	Metropolitan State University of Denver Family Center - Training
Performance Management	10/12/2011	CW/USM Training
Performance Management	10/20/2011	CW/USM Training
Principles of Addiction Treatment - Odyssey	4/18/2012	Odyssey Training Center
Principles of Addiction Treatment - Odyssey	11/2/2011	Odyssey Training Center
Procedures and Practice Training	8/18/2011	CW/USM Training
Procedures and Practice Training	11/10/2011	CW/USM Training
Project Focus Training	4/9/2012	CW/USM Training
Promoting Placement Stability: Using Home Visits to Prevent Foster Care and Adoption Disruption	3/13/2012	Adoption Exchange
Promoting Placement Stability: Using Home Visits to Prevent Foster Care and Adoption Disruption	8/25/2011	Adoption Exchange

Promoting Placement Stability: Using Home Visits to Prevent Foster Care and Adoption Disruption	9/29/2011	Adoption Exchange
Promoting Placement Stability: Using Home Visits to Prevent Foster Care and Adoption Disruption	11/2/2011	Adoption Exchange
Recognizing and Managing Behavior in Children with ADHD	1/12/2012	Metropolitan State University of Denver Family Center - Training
Recognizing and Managing Behavior in Children with ADHD	5/10/2012	Metropolitan State University of Denver Family Center - Training
Recognizing and Managing Behavior in Children with ADHD	9/21/2011	Metropolitan State University of Denver Family Center - Training
Recognizing and Managing Behavior in Children with ADHD	12/12/2011	Metropolitan State University of Denver Family Center - Training
Recognizing and Managing Behavior in Children with ADHD	12/12/2011	Nicholson and Associates
Roles and Responsibilities in the Child Welfare System	11/9/2011	CW/USM Training
Safe & Together Interactive Training (Day 1)	8/30/2011	Center for Governmental Training
Safe & Together Interactive Training - Webinar	9/19/2011	Center for Governmental Training
Safe & Together Interactive Training - Webinar	9/21/2011	Center for Governmental Training
Safe & Together Interactive Training - Webinar	9/27/2011	Center for Governmental Training
Safe & Together Interactive Training (Days 2 & 3)	9/14/2011	Center for Governmental Training
Safe & Together Interactive Training (Supervisors Training Day)	8/29/2011	Center for Governmental Training
SAFE Consistency Training	11/7/2011	CW/USM Training
SAFE Interview Skills Training	11/9/2011	Consortium For Children
SAFE Refresher Training	3/26/2012	CW/USM Training
SAFE Refresher Training	6/26/2012	CW/USM Training
SAFE Refresher Training	11/8/2011	CW/USM Training
SAFE Supervisor Training	2/16/2012	Consortium For Children
SAFE Supervisor Training	3/27/2012	Consortium For Children
SAFE Supervisor Training	5/23/2012	Consortium For Children
SAFE Supervisor Training	9/29/2011	Consortium For Children
SAFE Supervisor Training	10/28/2011	Consortium For Children
SAFE Supervisor Training	12/8/2011	Consortium For Children
SAFE Training	1/26/2012	Consortium For Children
SAFE Training	3/15/2012	Consortium For Children
SAFE Training	5/9/2012	Consortium For Children
SAFE Training	6/19/2012	Consortium For Children
SAFE Training	8/11/2011	Consortium For Children
SAFE Training	10/26/2011	Consortium For Children

SAFE Training	12/1/2011	Consortium For Children
Screening of Young Children for Developmental Delays	9/30/2011	Metropolitan State University of Denver Family Center - Training
Sexual Health for Children and Adolescents in Foster Care	1/11/2012	Butler Institute for Families at the University of Denver
Sexual Health for Children and Adolescents in Foster Care	5/16/2012	Butler Institute for Families at the University of Denver
Sexual Health for Children and Adolescents in Foster Care	10/5/2011	Butler Institute for Families at the University of Denver
Specialized Interviewing Skills for Children of Latency Age	1/18/2012	Butler Institute for Families at the University of Denver
Specialized Interviewing Skills for Children of Latency Age	2/8/2012	Butler Institute for Families at the University of Denver
Specialized Interviewing Skills for Children of Latency Age	4/18/2012	Butler Institute for Families at the University of Denver
Specialized Interviewing Skills for Children of Latency Age	5/2/2012	Butler Institute for Families at the University of Denver
Specialized Interviewing Skills for Children of Latency Age	6/13/2012	Butler Institute for Families at the University of Denver
Specialized Interviewing Skills for Children of Latency Age	7/27/2011	Butler Institute for Families at the University of Denver
Specialized Interviewing Skills for Children of Latency Age	8/24/2011	Butler Institute for Families at the University of Denver
Specialized Interviewing Skills for Children of Latency Age	9/7/2011	Butler Institute for Families at the University of Denver
Specialized Interviewing Skills for Children of Latency Age	10/12/2011	Butler Institute for Families at the University of Denver
Specialized Interviewing Skills for Children of Latency Age	11/16/2011	Butler Institute for Families at the University of Denver
Strategies for Parenting Challenging Children	2/3/2012	Butler Institute for Families at the University of Denver
Strategies for Parenting Challenging Children	2/17/2012	Butler Institute for Families at the University of Denver
Strategies for Parenting Challenging Children	6/8/2012	Butler Institute for Families at the University of Denver
Strategies for Parenting Challenging Children	9/23/2011	Butler Institute for Families at the University of Denver
Strengthen Your Permanency Practices with Adolescents, Families, and Providers	1/19/2012	CW/USM Training
Strengthen Your Permanency Practices with Adolescents, Families, and Providers	3/26/2012	CW/USM Training
Strengthen Your Permanency Practices with Adolescents, Families, and Providers	3/29/2012	CW/USM Training
Strengthen Your Permanency Practices with Adolescents, Families, and Providers	5/14/2012	CW/USM Training
Teaching Parents with Cognitive Disabilities Home Safety and Child Health Awareness	2/10/2012	Metropolitan State University of Denver Family Center - Training

Teens, Tweens, and Everything In-Between: Helping Foster Children Become Successful Adults, One Step at a Time	4/5/2012	Butler Institute for Families at the University of Denver
Teens, Tweens, and Everything In-Between: Helping Foster Children Become Successful Adults, One Step at a Time	8/22/2011	Butler Institute for Families at the University of Denver
Teens, Tweens, and Everything In-Between: Helping Foster Children Become Successful Adults, One Step at a Time	12/15/2011	Butler Institute for Families at the University of Denver
Title IV-E New Worker Training	10/12/2011	CW/USM Training
Title Iv-E Training	7/21/2011	CW/USM Training
Title Iv-E Training	8/23/2011	CW/USM Training
Title Iv-E Training	8/24/2011	CW/USM Training
Title Iv-E Training	8/29/2011	CW/USM Training
Title Iv-E Training	8/31/2011	CW/USM Training
Title Iv-E Training	9/7/2011	CW/USM Training
Title Iv-E Training	9/9/2011	CW/USM Training
Title Iv-E Training	9/20/2011	CW/USM Training
Title Iv-E Training	9/22/2011	CW/USM Training
Title Iv-E Training	9/27/2011	CW/USM Training
Transitioning From Foster to Adoptive Parenting: Helping Kinship and Foster Parents Prepare for the Changes Adoption Brings	9/14/2011	Adoption Exchange
Transitioning From Foster to Adoptive Parenting: Helping Kinship and Foster Parents Prepare for the Changes Adoption Brings	9/29/2011	Adoption Exchange
Treatment Planning for Abused and Neglected Children and Their Families	5/8/2012	Kempe Center
Treatment Planning for Abused and Neglected Children and Their Families	11/8/2011	Kempe Center
Understanding and Addressing the Needs of Kinship Families	2/2/2012	CW/USM Training
Understanding and Addressing the Needs of Kinship Families	12/15/2011	CW/USM Training
Updates Before Noon Video Conference Series: Juvenile Sexual Offending	4/17/2012	Kempe Center
Updates Before Noon Video Conference Series: Responding to Children's Sexual Behaviors	1/17/2012	Kempe Center
Updates Before Noon Video Conference Series: Responding to Children's Sexual Behaviors	10/25/2011	Kempe Center

Updates Before Noon Video Conference Series: Safely Planning for Youth at Risk of Abusive Acts	5/22/2012	Kempe Center
Updates Before Noon Video Conference Series: Attachment Theory in Child Welfare Practice	12/13/2011	Kempe Center
Updates Before Noon Video Conference Series: Coping with Therapists Who Think They are Caseworkers	4/30/2012	Kempe Center
Updates Before Noon Video Conference Series: Domestic violence and child abuse co-occurrence: How can we effectively intervene?	5/1/2012	Kempe Center
Updates Before Noon Video Conference Series: How to Present Evidence Based on Testimony in Physical and Sexual Abuse Cases	11/15/2011	Kempe Center
Updates Before Noon Video Conference Series: How to Present Evidence Based on Testimony in Physical and Sexual Abuse Cases	12/6/2011	Kempe Center
Updates Before Noon Video Conference Series: Impact on Children exposed to Domestic Violence	12/6/2011	Kempe Center
Updates Before Noon Video Conference Series: Involuntary Treatment Effectiveness	2/21/2012	Kempe Center
Updates Before Noon Video Conference Series: Overcoming the Odds--Discovering and building resilience in vulnerable children and families	12/13/2011	Kempe Center
Updates Before Noon Video Conference Series: Preparation for Termination Hearings	2/21/2012	Kempe Center
Updates Before Noon Video Conference Series: Preparation for Termination Hearings	4/10/2012	Kempe Center
Updates before noon video conference series: Supporting Foster Parents to Prevent	3/20/2012	Kempe Center
Updates Before Noon Video Conference Series: Treatment Needs for Physically Abused Children Under 6 Years of Age	11/1/2011	Kempe Center
Updates Before Noon Video Conference Series: Visitation Management in Sexual Abuse Cases	9/19/2011	Kempe Center
Updates Before Noon Video Conference Series: Visitation to Assess Parent Child Relationships	1/31/2012	Kempe Center

Updates Before Noon Video Conference Series: Visitation to Assess Parent Child Relationships	5/1/2012	Kempe Center
Updates Before Noon Video Conference Series: Visitation to Assess Parent Child Relationships	12/5/2011	Kempe Center
Updates Before Noon Video Conference Series: What Treatments are Effective for Physically Abusive Parents and their Children	11/29/2011	Kempe Center
Updates Before Noon Video Conference Series: What Treatments are Effective with Traumatized Children and Their Families	2/28/2012	Kempe Center
Updates Before Noon Video Conference Series: What Treatments are Effective with Traumatized Children and Their Families	6/5/2012	Kempe Center
Updates Before Noon Video Conference Series: What Treatments are Effective with Traumatized Children and Their Families	9/20/2011	Kempe Center
Using Psychological Assessment Information in Child Welfare Case Planning	3/22/2012	Butler Institute for Families at the University of Denver
Using Psychological Assessment Information in Child Welfare Case Planning	11/17/2011	Butler Institute for Families at the University of Denver
Weld County Regional Resources Meeting	8/19/2011	Center for Governmental Training
What Makes Them Tick? Facing the Challenges of Underperforming Employees	1/24/2012	Butler Institute for Families at the University of Denver
What Makes Them Tick? Facing the Challenges of Underperforming Employees	3/13/2012	Butler Institute for Families at the University of Denver
What Makes Them Tick? Facing the Challenges of Underperforming Employees	10/21/2011	Butler Institute for Families at the University of Denver
Working with Children in Foster Care who were Sexually Abused	3/2/2012	Butler Institute for Families at the University of Denver
Working with Children in Foster Care who were Sexually Abused	7/22/2011	Butler Institute for Families at the University of Denver
Working with Children in Foster Care who were Sexually Abused	11/4/2011	Butler Institute for Families at the University of Denver
Working with Families with Children/Parents with Developmental Disabilities	1/9/2012	Metropolitan State University of Denver Family Center - Training

Working with Families with Children/Parents with Developmental Disabilities	4/16/2012	Metropolitan State University of Denver Family Center - Training
Working with Juveniles who Commit Sexual Offenses	2/6/2012	CW/USM Training
Working with Juveniles who Commit Sexual Offenses	9/19/2011	CW/USM Training
Working with Juveniles who Commit Sexual Offenses	10/24/2011	CW/USM Training
Working with Juveniles who Commit Sexual Offenses	12/6/2011	CW/USM Training
Working with Substance Abuse in the Child Welfare System	5/17/2012	Odyssey Training Center
Working Within the Culture of Poverty	2/15/2012	CW/USM Training
Working Within the Culture of Poverty	4/25/2012	CW/USM Training
Working Within the Culture of Poverty	5/2/2012	CW/USM Training
Working Within the Culture of Poverty	6/7/2012	CW/USM Training
Working Within the Culture of Poverty	9/29/2011	CW/USM Training
Working Within the Culture of Poverty	10/5/2011	CW/USM Training

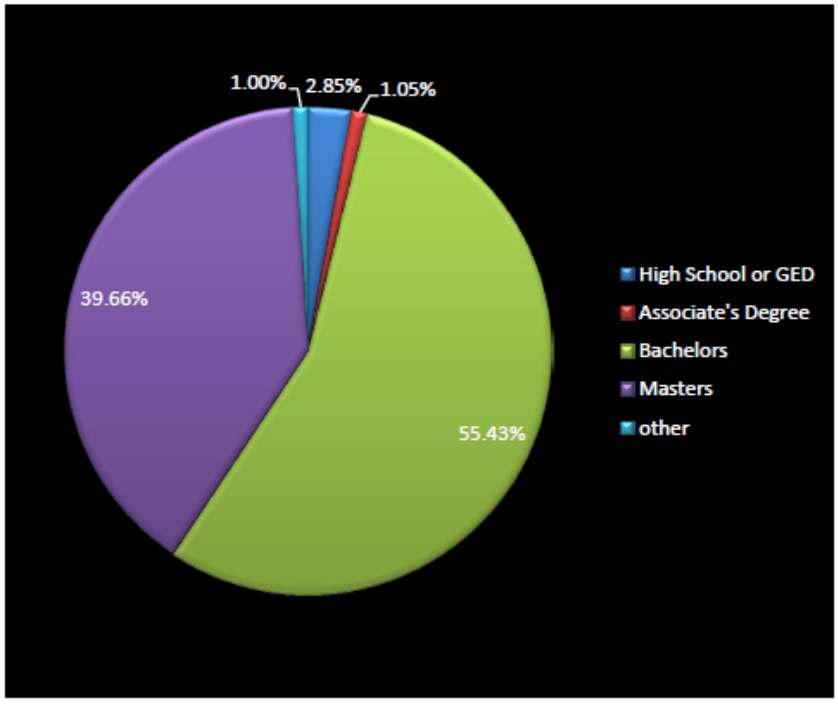
Appendix D Training Demographics

Training Demographics

The following tables show the demographics of all child welfare trainees' who attended CDHS trainings during the period July 1, 2012 and March 31, 2013.

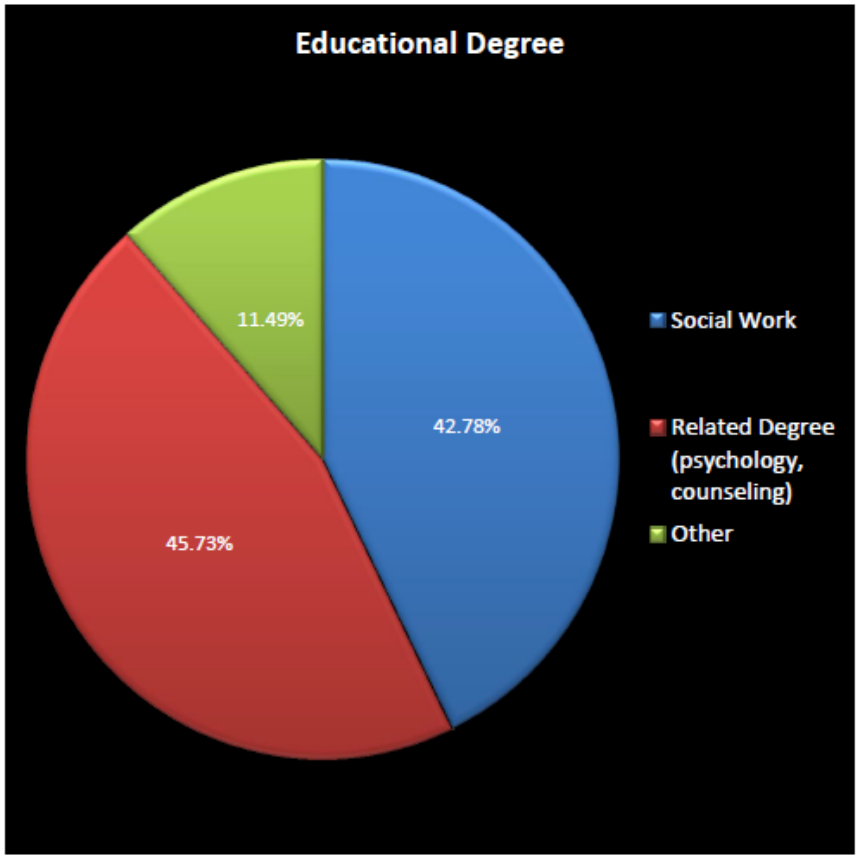
1. Highest Education Level

Educational Level	Frequency	Valid Percent
High School or GED	54	2.85%
Associate's Degree	20	1.05%
Bachelors	1051	55.43%
Masters	752	39.66%
Other	19	1.00%
Total	**1896**	**100.00%**



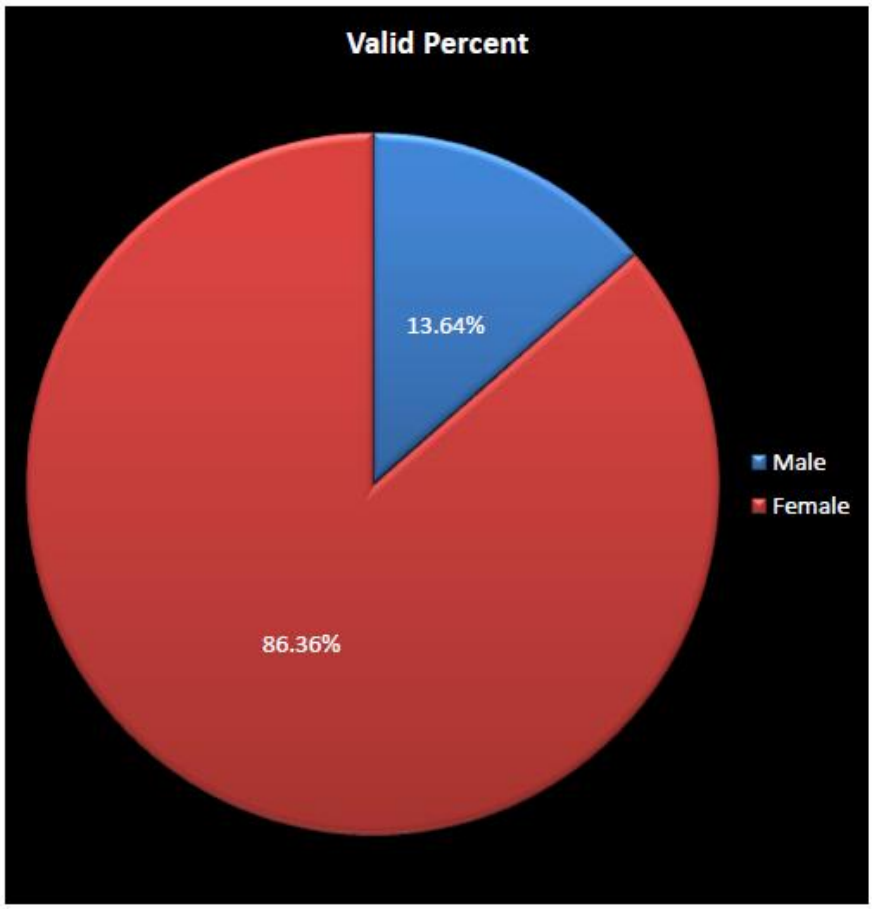
2. Educational Degree

Educational Degree	Frequency	Valid Percent
Social Work	797	42.78%
Related Degree (psychology, counseling)	852	45.73%
Other	214	11.49%
Total	**1863**	**100.00%**



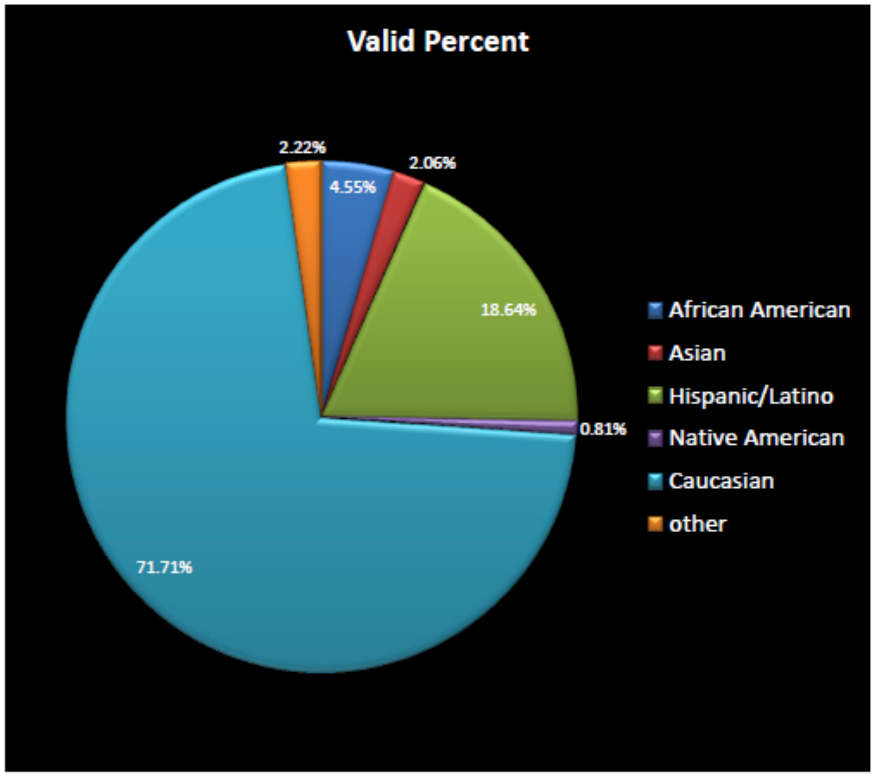
3. Gender

Gender	Frequency	Valid Percent
Male	252	13.64%
Female	1595	86.36%
Total	**1847**	**100.00%**



4. Ethnicity

Ethnicity	Frequency	Valid Percent
African American	84	4.55%
Asian/Pacific Islander	38	2.06%
Caucasian	1323	71.71%
Hispanic/Latino	344	18.64%
Native American	15	0.81%
Other	41	2.22%
Total	**1845**	**100.00%**



Appendix E Medications Protocol

STATE OF COLORADO

cdhs Colorado Department of Human Services
people who help people

CHILDREN, YOUTH AND FAMILIES
Julie Krow, MA, LPC, Director

Division of Child Welfare Services
1575 Sherman Street, 2nd Floor
Denver, Colorado 80203-1714
Phone 303.866.5932 Fax 303.866.5563
www.colorado.gov/cdhs

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

May 31, 2013

Dear County Director:

The purpose of this letter is to inform county departments about the psychotropic medication guidelines for children and youth in foster care, developed by Colorado's Psychotropic Medication Steering Committee.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351), required state agencies to develop a plan for ongoing oversight and coordination of health care services for children in foster care. The Child and Family Services Improvement and Innovation Act (P.L. 112-34) amended the law by adding requirements specifying that the plan must include an outline of protocols for the appropriate use and monitoring of psychotropic medications.

The Colorado Department of Human Services and the Department of Health Care Policy and Financing joined together, along with various community stakeholders, including county child welfare representatives, child psychiatrists, pediatricians, nurses, youth and more, to form the Psychotropic Medications Steering Committee. This committee was charged with developing the attached recommended guidelines for the state of Colorado. Please review and disseminate this information to Child Welfare Directors, Administrators, Supervisors, and Caseworkers.

If you have any questions regarding the information contained in this letter or the attached documents, please contact: Kerry Swenson, CDHS- Division of Child Welfare Services, kerry.swenson@state.co.us, (303) 866-4550.

Sincerely,

Julie Krow

Julie Krow, M.A., L.P.C.
Director, Office of Children, Youth and Families

2013-May 31-003-CoPsyMedStrComm

2013

Psychotropic Medication Guidelines for Children and Adolescents in Colorado's Child Welfare System

Solutions for Coordinated Care

Colorado Department of Health Care Policy and Financing
and Colorado Department of Human Services
July, 2013

ACKNOWLEDGEMENTS

The Psychotropic Medication Steering Committee would like to recognize those individuals that have provided valuable assistance and information to the development and implementation of these guidelines.

Anita Rich
Director
Community Outreach and Quality Improvement
Colorado Children's Healthcare Access Program

Ashley Tunstall, MPA, MA, LPC
Director, Behavioral Health and Medical Services
Division of Youth Corrections
Colorado Department of Human Services

Ayelet Talmi, PhD
Associate Director, Harris Program
University of Colorado School of Medicine

Barb Weinstein
Associate Director
Jefferson County Department of Human Services

Bert Dech, MD
Child and Adolescent Psychiatrist
Colorado Mental Health Institute at Ft. Logan

Charolette Lippolis, DO, MPH
Medical Director
Jefferson Hills

Christina Fulmer
Attorney at Law

Cindy Dicken
Director
Clear Creek County Health and Human Services

Claudia Zundel
Director, Child, Adolescent and Family Services
Colorado Department of Human Services

Crystal Brandt
Public Health Nurse, R.N.
Clear Creek County Public Health

Diego Conde
Student, Youth Representative

Donna Mills
CEO
Integrated Community Health Partners

Frank Cornelia, MS, LPC
Public Policy Specialist
Colorado Behavioral Healthcare Council

Gina Robinson
Clinical Services Program Administrator
Health Care Policy and Financing

Hilary Osborn
Care Coordination/Utilization Management Manager
Aspen Pointe

Hildegard Messenbaugh, MD
Program Medical Director
Third Way Center

Jason DeaBueno
Director, Lifespan Initiatives
Aspen Pointe

Jeffrey Holliday
Deputy Manager
Denver Human Services

Jim D. Leonard, PharmD.
Drug Utilization Review Pharmacist
Colorado Dept. of Health Care Policy & Financing

John Mowery
Clinical Supervisor
Broomfield County Department of Health and Human Services

Judy Zerzan, MD, MPH
Chief Medical Officer
Colorado Dept. of Health Care Policy & Financing

Julie Krow, MA, LPC
Director, Office of Children Youth and Families
Colorado Department of Human Services

Kathleen Patrick, RN
Assistant Director, Student Health Services
Colorado Department of Education

Kathryn Wells, MD
Medical Director, Denver Family Crisis Center
Child Abuse Pediatrician, Denver Health
and Children's Hospital Colorado

Kerry Swenson
Residential Care Administrator
Division of Child Welfare
Colorado Dept. of Human Services

Kristie Ladegard,MD
Child Psychiatrist
Denver Health

Leslie Moldauer, MD
Medical Director
Value Options

Lisa Clements, PhD
Director, Office of Behavioral Health
Colorado Department of Human Services

Sr. Michael Delores Allegri
Foster Parent, President
Colorado State Foster Parent Association

Mimi Lyons, RN
Child Welfare Supervisor
Lincoln County Department of Human Services

Mollie Hill, PhD
24-Hour Licensing Specialist
Division of Child Welfare
Colorado Department of Human Services

Patrick Bacon, MD
Medical Director
Colorado Access

Robert Lodge, PharmD
Clinical Pharmacist
Colorado Dept. of Health Care Policy & Financing

Robert Werthwein, PhD
Deputy Director, Office of Children,
Youth and Families
Colorado Department of Human Service

Roni Spaulding
CFSR Program Administrator
Division of Child Welfare
Colorado Department of Human Services

Cyril "Skip" Barber, PhD
Executive Director
Colorado Association of Family
and Children's Agencies

Steve Poole, MD
Vice Chair, Dept. of Pediatrics
Children's Hospital

Victoria McAdams
Medical Program Manager
Aspen Pointe

William Betts, PhD
Associate Director of Mental Health
The Kempe Center

William M. Campbell, MD
Developmental-Behavioral Pediatrician
Children's Hospital Colorado

Table of Contents

INTRODUCTION

The Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351), required state agencies to develop a plan for ongoing oversight and coordination of health care services for children in foster care. Subsequent to this act, the Child and Family Services Improvement and Innovation Act (P.L. 112-34) amended the law by adding requirements specifying that the plan must include an outline of protocols for the appropriate use and monitoring of psychotropic medications.

The Colorado Department of Human Services (CDHS) and the Department of Health Care Policy and Financing (HCPF) joined together, along with many stakeholders from across the community, to form the Psychotropic Medications Steering Committee (the Committee). The Committee was charged with developing the following recommended guidelines for the state of Colorado.

The vision of the Committee: To ensure the appropriate use of psychotropic medications for Colorado's children and youth in out-of-home care and to integrate medications into comprehensive physical and behavioral health care.

"Several recent national reports have called attention to the issue of psychotropic prescribing in terms of misuse and overuse and similar problems exist in Colorado. As state agencies, we are committed to improving the health of children in foster care and ensuring safe, appropriate, and effective prescribing. Attached is a joint report and guidelines for promoting health and guiding the use of psychotropic medications in the child welfare system from the Department of Health Care Policy and Financing and the Department of Human Services. State Medicaid and behavioral health agencies play a significant role in providing access to quality physical and behavioral health services for children in the child welfare system. Therefore, it is essential that we collaborate to improve care.

We created a special committee of advisors and experts to help guide psychotropic medication prescribing in Colorado who created this report. The Committee included child psychiatrists, pediatricians, family medicine providers, pharmacists, social workers, and family advocates from both the private sector and the state.

This report's purpose is to outline guidance to ensure that children in foster care receive high-quality, coordinated medical services, including appropriate medication, even as their placements change. While medications can be an important component of treatment, strengthened oversight of psychotropic medication use is necessary in order to responsibly and effectively attend to the clinical needs of children.

We expect these guidelines will be regularly reviewed to keep up with new research and evidence based practice. We look forward to working collaboratively in the future.

Thank you for your commitment and dedication to the children and adolescents of Colorado."

Sincerely,

Judy Zerzan, MD, MPH
Chief Medical Officer/Clinical Services Office Director

Julie Krow, MA, LPC
Director, Office of Children Youth and Families

NATIONAL DATA

Children who come to the attention of the child welfare system have disproportionally high rates of social-emotional, behavioral, and mental health challenges.[1]

- Twenty-three percent of children age 17 and under who have experienced maltreatment have behavior problems requiring clinical intervention.
- Clinical-level behavior problems are almost three times as common among this population as among the general population.
- Among children who enter foster care, approximately one third scored in the clinical range for behavior problems on the Child Behavior Checklist.
- Thirty-five percent of children age 17 and under who have experienced maltreatment demonstrate clinical-level problems with social skills – more than twice the rate of the general population.
- Children in foster care are more likely to have a mental health diagnosis than other children.
- In a study of foster youth between the ages of 14 and 17, sixty-three percent met the criteria for at least one mental health diagnosis at some point in their life.[2]

Psychotropic medications are often prescribed to treat these challenging behaviors and mental health issues. While necessary in some cases, numerous studies have demonstrated that the rates of psychotropic medication prescriptions are disproportionately high among children in foster care. A 2008 study of children in foster care taking psychotropic medication found 21.3 percent are receiving mono-therapy (one class of psychotropic medication), 41.3 percent are taking three or more classes of psychotropic medications, 15.4 percent are taking medication from four or more classes, and 2.1 percent are taking five or more classes of psychotropic drugs.[3]

COLORADO DATA

A 2011 study assessing the use of psychotropic medications by children and adolescents in Colorado's State Medicaid program found some notable trends. *(Please see Appendix A-Colorado AP 11-27-12.)* Although Colorado had a lower percentage of children and adolescents in foster care using psychotropic medications than the eight comparison states, those in foster care in Colorado were three to six times more likely to be prescribed psychotropic medications than Colorado children and adolescents not in foster care. Children and adolescents in Colorado's foster care system were also above the nine-state median for the use of four or more mental health drugs, with 24.3 percent in 2011.

[1] The *National Survey of Child and Adolescent Well-Being* (NSCAW)
[2] White, CR; Havalchak, A; Jackson, L; O'Brien, K; & Pecora, PJ. (2007). Mental Health, Ethnicity, Sexuality, and Spirituality among Youth in Foster Care: Findings from The Casey Field Office Mental Health Study. Casey Family Programs.
[3] Zito, JM; et al., (2008). Psychotropic medication patterns among youth in foster care. *Pediatrics*. 121(1): e157.

[4] Jensen, P.S., Bhatara, V.S., Vitiello, B., Hoagwood, K., Feil, M., & Burke, L.B. (1999). Psychoactive Medication Prescribing Practices for U.S. Children: Gaps Between Research and Clinical Practice. Journal of the American Academy of Child & Adolescent Psychiatry, 38(5), 557-565.
[5] Wethington, H.R., Hahn, R.A., Fuqua-Whitley, D.S., Sipe, T.A., Crosby, A.E., Johnson, R.L., Liberman, A.M., Mos˙cicki, E., Price, L.N., Tuma, F.K., Kalra, G., Chattopadhyay, S.K, & Task Force on Community Preventive Services. (2008). The Effectiveness of Interventions to Reduce Psychological Harm from Traumatic Events Among Children and Adolescents: A Systematic Review. *American Journal of Preventative Medicine*, 35(3), 287–313.

SAFEGUARDS

While many children in foster care have mental health challenges requiring intervention which may include the appropriate use of psychopharmacological treatments as part of a comprehensive treatment approach, research on the safe and appropriate pediatric use of psychotropic medications lags behind prescribing trends.[4] There is even less evidence of the effectiveness of pharmacologic interventions for the treatment of trauma-related symptoms in children. For these reasons, protocols and safeguards need to be put in place.[5]

The Committee is recommending the following safeguards be put in place:

Within Colorado Medicaid, the following situations will be subject to prior authorization or Drug Utilization Review intervention:

1. Clients taking three or more psychotropic medications;

2. Clients taking three or more medications in the same psychotropic class at the same time or within nine months;

3. Clients under age five who are prescribed antipsychotic agents;

4. Clients taking antipsychotic agents with no diagnosis of psychosis, bipolar disorder, schizophrenia, or autism;

5. Clients that are prescribed psychotropic agents at doses that exceed their published recommended daily maximum dose.

It should be noted, these requirements and oversight refer only to medications prescribed for children which are payable under Colorado Medicaid. Prescription coverage policies through other plans may or may not have such policies in place.

These situations may require consult with a call line, Behavioral Health Organization (BHO) specialist, or primary care provider (PCP), to assist with the development of a treatment plan.

For additional information on Colorado Medicaid drug coverage policies, please visit the following links to download policy documents:

Preferred Drug List - http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197969485609
<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197969485609>
Appendix P (prior authorization policies)
http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542571132

Additionally, the Committee recommends HCPF, Colorado's state Medicaid agency, perform annual data analysis, identifying prescribers practicing outside of accepted norms with regard to psychotropic medications for children and adolescents. HCPF would then send letters to these providers, informing them that they appear to be practicing outside of accepted norms. This letter would not be punitive, but instead would seek to understand the prescriber's practice, their population type, and any additional input the prescriber might have. A link would be provided for the prescriber to respond to an electronic survey, helping to inform the Committee about the prescriber's practice. The letter would also inquire as to what types of technical assistance may be useful to the prescriber, as well as further recommendations the Committee can provide to HCPF and CDHS.

COMMUNICATION and COORDINATED CARE

Children and adolescents in the care of the local departments of human/social services offer special challenges to the physical, oral, and behavioral health care providers who care for them.

- In State Fiscal Year (SFY) 2011, Colorado received 80,094 referrals, continuing a trend of growth over the past five years. Referrals opened to investigations (i.e., assessments) along with open involvements (i.e., cases) declined. Consistent with the Division of Child Welfare's value of keeping children in the least restrictive setting, the majority of children in open involvement were served in their own homes (71.7 percent).
- In SFY 2011, of the 39,403 children in open involvements, 11,153 were placed in an OOH [out-of-home] setting (28.3 percent of overall involvements).[6]

Many of these children are in care with incomplete medical records and without consistent primary care, a focal point of care, or a medical home overseeing their health and wellbeing. These children represent a vulnerable population with a high rate of behavioral health issues among them. The issue of health and health care for children in the child welfare system is serious. Statistics show that during SFY 2009-10:

- Seventy-four percent of the Medicaid eligible children in foster care had at least one well child visit in comparison to the eighty-seven percent of the eligible children not in the foster care system.
- Sixty-one percent of the Medicaid eligible children in foster care had used dental services at least once. This compares to sixty-three percent of the eligible children not in the foster care system.
- Seventy-one percent of Medicaid eligible children in foster care utilized general pharmacy services at least once. This compares to about sixty-six percent of Medicaid children not in the foster care system who used general pharmacy services at least once.

[6] Powell, C., Smith, C., Madura, B., McCaw, S., Johnson, K., Sushinsky, J. 2011 Annual Evaluation Report, CDHS, Division of Child Welfare

Medical Homes and the Accountable Care Collaborative

Given this information, these guidelines focus on the urgent need for a medical home for the children in the child welfare system. A medical home focuses on the importance of preventative care as well as the importance of appropriate and timely screening for behavioral health concerns.

The American Academy of Pediatrics (AAP) recommends:

"Ideally, at a minimum such reassessments should occur monthly for the first six months of age, every two months for ages six to twelve months, every three months for ages one to two years, every six months for ages two through adolescence, and at times of significant changes in placement (foster home transfers, approaching reunification). These periodicity recommendations, although not backed by evidence-based data, are considered by this committee to be the minimal number of preventive health care encounters required to closely monitor these children. Depending on the stability of the placement and changes in the child's status, additional visits may be indicated. ***Any child prescribed psychotropic medication must be closely monitored by the prescribing [provider] for potential adverse effects.*** (emphasis added)

At each health visit, the pediatrician should attempt to assess the child's developmental, educational, and emotional status. These assessments may be based on structured interviews with the foster parents and caseworker, the results of standardized tests of development, or a review of the child's school progress. All children with identified problems should be promptly evaluated and treated as clinically indicated."

Additional material regarding periodicity information for children in the child welfare system can be found at: http://www2.aap.org/fostercare/policystatements.html.

Children and adolescents in the child welfare system should receive the screening and well child visits as outlined by the AAP. These visits are important to assure that problems are found early and treated as medically appropriate.

Children under the age of five years who are subjects of a substantiated report of abuse or neglect must be referred to the appropriate state or local agency for developmental screening within sixty days after the abuse or neglect has been substantiated. (CCR Vol 7, 7.202.52 (K)).

Colorado is working on providing Medicaid clients with a medical home. The Accountable Care Collaborative (ACC) is a Colorado Medicaid program designed to improve clients' health outcomes through a coordinated, client-centered system which holds providers accountable for health outcomes.

In Colorado, there are seven Regional Care Collaborative Organizations (RCCOs) which provide:

- Medical management, particularly for medically and behaviorally complex clients, to ensure they get the right care, at the right time, and in the right setting.

- Care coordination among providers and with other services such as behavioral health, long-term supports and services.
- Provider support such as assistance with care coordination, referrals, clinical performance, and practice improvement and redesign.
- Primary Care Medical Providers (PCMPs) are affiliated with a RCCO and act as "medical homes" for clients. As a medical home, the PCMP will coordinate and manage a client's health needs across specialties and along the continuum of care.

Everyone has a mandate to serve the child and there is shared responsibility between the Accountable Care Collaborative (ACC), the Behavioral Health Organization (BHO), the prescriber, and caseworker. The Committee has developed Fact Sheets, to assist these different systems in understanding the needs and services provided by each entity. Child welfare caseworkers need to understand how the ACC can assist in the care of the children and youth they serve and providers need to understand the special needs of the children and youth in the child welfare population. Please see Appendix B for these Fact Sheets. Additionally, information on the ACC is being added to the Child Welfare Training Academy.

Telemedicine

The Committee is also making a recommendation for the increased use of telemedicine in Colorado. Telemedicine is a benefit of Colorado Medicaid and one that can be useful for assessment and treatment for children in rural areas or without access to a needed provider type. The increased access and availability of telemedicine can provide additional consultation, so that providers have the ability for increased monitoring of children and youth on psychotropic medications. Additionally, older youth often prefer telemedicine.

Telemedicine is a way of giving services to Medicaid clients who live a significant distance away from providers they need to see. Telemedicine involves two providers: an "originating provider" and a "distant provider." The provider where the client is located is the "originating provider" and the provider in another location is the "distant provider." Providers must have special equipment to provide telemedicine services. Telemedicine does not mean visits by telephone or fax. All Medicaid clients can receive services through the use of telemedicine, regardless of where they live. Services can only be received at providers' offices that have the special equipment.

Telemedicine services are provided "live" by audio-video communications between two providers. The distant provider is a consultant to the originating provider. Sometimes the distant provider may be the only provider involved in the visit, such as with mental health sessions. Providers such as doctors, nurse practitioners, and behavioral health providers can provide services if they have the special equipment. Telemedicine gives the client access to providers including specialists. Telemedicine is not to take the place of seeing a provider in person when one is available.

Telemedicine is also useful for peer review, peers support and education.

Record transfers between providers

Another barrier in Colorado's child welfare system identified by the Committee is the difficulty providers experience when requesting records. To break down this barrier, the Committee is recommending provider education on how to access services and records. One piece of that education will be to ensure that providers are aware of programs that already exist, such as Colorado Regional Health Information Organization (CORHIO). CORHIO is a public-private partnership that is tasked with the secure implementation of health information exchange (HIE). CORHIO is designated by the State of Colorado to facilitate HIE. CORHIO works closely with and among communities across Colorado to develop and implement secure systems and processes for sharing clinical information. CORHIO collaborates with all health care stakeholders including physicians, hospitals, clinics, behavioral health, public health, long-term care, laboratories, imaging centers, health plans and patients. For more information, please see: http://www.corhio.org/

Tracking psychotropic medication taken by children and youth while they are in foster care is another obstacle. Currently, it is not a mandatory field in the State's Statewide Automated Child Welfare Information System (SACWIS), and therefore, the information is often missing or inaccurate. The Committee is recommending a task group be formed to determine the best course of action to improve the tracking of psychotropic medications. This task group would make recommendations as to who can or should be responsible for entry of medication, i.e. the caseworker, or whether providers can be given access to input information. Tracking this information will provide the ability to accurately identify children/youth on high doses of, or multiple psychotropic medications; identify prescribers who may be outliers; provide a history of psychotropic medications to current providers to mitigate the repetition of children/youth being prescribed medications that have been unsuccessful or have caused negative reactions; and track the progress of the appropriate use of psychotropic medications for children and youth in foster care.

Due to the difficulty of data sharing between HCPF and CDHS, the Committee also recommends exploring options of automating this process. The Committee will monitor work being done through the Interoperability Innovation Grant, to determine if there is an opportunity to combine efforts. Specifically, the Committee would also like to investigate how CDHS can work with HCPF's Statewide Data and Analytics Contractor (SDAC).

Transitioning Youth

Youth who are transitioning from foster care to adulthood are finding it especially difficult to obtain or transfer their mental health records, as well as obtain new or transfer prescriptions. Due to these struggles, the Committee will be looking closely at the work that is being finalized by the Colorado Youth and Children Information Sharing System (CCYIS), particularly the release of information forms developed by CCYIS. The Committee believes that these new forms will be helpful to emancipating youth and can be added as part of the process youth go through with their independent living plans.

The Committee also recommends education for providers regarding transitioning youth. The work between the provider and the youth can be done with a "tool box" that would facilitate this transition process and what needs to be done in relation to integrating their mental and physical health needs.

Recommended Guidelines for a Psychopharmacology Assessment

The baseline of an assessment of a child or adolescent prior to initiating psychopharmacological treatment is complex. It must involve the evaluation of a myriad of biological, psychological, and social variables. The actual purpose of the assessment is multifaceted and includes:

1) The establishment of a therapeutic relationship with the patient and parent/guardian.
2) The formulation and establishment of a working diagnosis.
3) The identification of target symptoms.
4) The development of a comprehensive treatment plan.

It is important to note that co-morbid medical and psychiatric disorders are often present in children and adolescents who require care. All children should have a thorough health evaluation and identification of acute medical conditions prior to the administration of psychotropic medications or when a change of medication occurs. In some cases, medical problems mimic and/or occur co-morbidly with psychiatric disorders. In those cases, the identification of target symptoms is most critical. When pharmacologic intervention is identified as part of the treatment plan, consideration such as diagnostic medical evaluations, drug-drug interactions, poly-pharmacy, treatment compliance, informed consent, and the safe storage and administration of medications become key.

The administration of psychotropic medication should involve appropriate education of the patient, bio parent, guardian, foster parent or other caregiver and caseworker. This should be followed by adequate trial and careful monitoring by the prescribing practitioner, along with treatment by other providers. It is essential that providers be informed and make prescribing decisions based on **all** medication currently being taken by a child, including non-psychopharmacological medications, be communicated to all parties. An adequate trial refers to an appropriate dose of the medication being given over a reasonable period of time needed to obtain efficacy; however, the practitioner must be ever mindful of the possible adverse reactions, which might necessitate a careful discontinuation of the medication. Regular and frequent follow up with the patient, caseworkers, and foster parent is important in enhancing compliance, providing ongoing psycho-education about side effects and medical monitoring of therapeutic effects of the medication, as well as assessing effectiveness of the medication intervention.

The assessment of the medication trial is facilitated by the initial identification of target symptoms and the regular evaluation of those target symptoms. Target symptoms are identified

during the initial intake through caregiver reports, history, and child/adolescent self-report. Assessment measures and norm-referenced symptom checklists can often be helpful in obtaining information about baseline functioning. Ongoing monitoring is critical to medication management. Re-administering assessment measures, gathering information about behaviors from caregivers and professionals working with the child/adolescent, obtaining child/adolescent self-reports, and monitoring of side effects at routine intervals are key components of medication management.

Secondly, the consideration of inter-current life events, particularly to children and adolescents, is also essential in assessing the benefits of medication. The start of school, the change in living situations, physical illness, parental functioning and participation, issues of grief and loss, trauma history, a birthday, etc., can all impact function and can confound the evaluation of medication trials. Thirdly, compliance may need to be investigated through pharmacy records of medication administration in order to clearly assess the efficacy of a medication trial. Once an informed decision is made about a particular medication, changes in the treatment plan may be necessary including changes in medication regime, adjustment in non-pharmacologic treatment strategies, and re-evaluation of the diagnosis.

In children and adolescents, re-evaluation of the working diagnosis is useful not only when there is a lack of treatment response, but also in other situations. By nature, children and adolescents are developing and changing during their treatment. Longitudinal information may become available, revealing temporal patterns of functioning that may alter diagnosis. The successful treatment of one disorder may then expose an underlying co-morbid disorder that requires treatment. Ultimately, the resolution of a disorder of the ineffectiveness of a medication requires medically supervised discontinuation of medications. Because of withdrawal or discontinuation effects may arise and confound the clinical picture, close monitoring is vital to sort out the illness from medication effects. Poly-pharmacy can be avoided or minimized if these issues are considered. Additionally, it is important to note that there is often symptom overlap among common childhood disorders (e.g., post-traumatic stress disorder and attention deficit/hyperactivity disorder). Treating providers should make differential diagnoses based upon diagnostic interviewing, assessments, and review of history when considering psychotropic treatment.

Expectations of face-to-face or phone follow up between the patient and the prescribing provider should occur a week or two after starting the medication. The next visit should occur at one month, then at least quarterly with the prescribing provider, if possible. Information should be shared between PCP and behavioral health provider by direct communication as possible. This would change as dictated by the medication. If the child misses any appointments related to medication management, the case manager should be contacted immediately.

This missed appointment reporting is not meant to create more work, but to assist with communication to assure the placement stays in place. These expectations should also alleviate the need for emergent script renewals without a return visit.

It is also recommended when children or youth leave a foster home, residential care, or a juvenile detention facility, that discharge planning includes a follow-up appointment, which is made BEFORE discharge and enough medications are prescribed to cover the time until the appointment.

It should also be noted for those children and youth age 20 and under and on Medicaid, Health Care Policy and Financing, under the EPSDT Program, does allow for a second opinion. Should the case worker feel this is needed, a second opinion can be obtained without a prior authorization request for services.

CONSENT PROCESS

The Committee identified the process of obtaining consent for psychotropic medication as a barrier to treatment in Colorado's Child Welfare system. The prescriber is sometimes unclear who is responsible for giving consent and which parties need to be informed of the benefits and side effects associated with the medications. The prescriber must also have a complete medical/psychiatric history of the client to appropriately treat the needs of the child or youth. A more defined procedure will improve the treatment process by increasing the sharing of information by all parties involved.

The following guidelines are being recommended as a more streamlined and informed process to obtaining consent.

Proposed Process for Gathering Consent for Psychotropic Medications

When a child involved with the child welfare system is referred for psychotropic medications, the following process should be followed.

1. Before referring a child/adolescent to a provider for psychotropic medications, the child welfare worker should determine whether the individual(s) who has the legal right to consent for treatment will support the initiation of psychotropic medications. The child welfare worker should also identify individuals who may have relevant information about the child's/adolescent's medical and psychiatric history.

2. The child welfare worker should ensure that the child/adolescent is sent to the medical appointment with the Consent Form for Psychotropic Medications (Attachment B). When possible the child welfare worker should also:
    a. Provide information about child's/adolescent's medical and psychiatric history or the contact information for the individual(s) who may have relevant information about the child's/adolescent's medical and psychiatric history.
    b. Have the individual who has the legal right to consent for treatment, accompany the child to the medical appointment.

3. Before initiating psychotropic medications a medical history and a psychiatric assessment must be completed and refer to a behavioral health provider if necessary. Prescriber should obtain information from all relevant parties which may include, but is not limited to:
    a. Biological Parents
    b. Foster Parents
    c. Child Welfare Caseworker
    d. Schools
    e. Guardian Ad Litem (GAL)
    f. Court Appointed Special Advocate (CASA)
    g. Other medical and behavioral health treatment providers
    h. Others with significant knowledge of the child/adolescent

4. The prescriber develops a recommendation for a course of treatment.

5. The prescriber educates the child and all relevant parties (as defined above) on the child's/adolescent's diagnosis and treatment. **Ongoing communication with physical health and mental health professionals is essential.**

6. Obtain assent from the child/adolescent and consent from the individual(s) who has the legal right to consent for treatment. Contact the child welfare caseworker to determine who has the right to consent for treatment. Information needed to consent shall include:
    a. Information regarding risks and benefits of the medication
    b. Adequate dose, frequency of dose, and duration of the medication treatment
    c. Rationale for adding medication(s)
    d. Information about discontinuation of a psychotropic medication(s)

7. The prescriber shall reassess the child/adolescent if the child/adolescent does not respond to the initial trial of medication treatment as expected.

Uniform Consent Form

The Committee also recognizes that a more uniform consent form for psychotropic medications would be helpful to all parties involved. When treating children from multiple counties, prescribers may see multiple consent forms. Often times, these consent forms are not consistent and some do not capture all relevant information, such as what the medication is intended to treat, what benefits can be expected, and what side effects to look for. It is also important to verify that those involved in the case are giving *informed* consent, or for those involved in the case, but not responsible for giving consent, they also have been informed of side effects, etc. This should include the child or youth, who may not be able to consent, but can give their assent, showing that they understand the medications they have been prescribed. The Committee developed a template that captures all of these essential items. It is recommended that county departments, as well as prescribers, compare their current consent

forms to this template (provided in Appendix C) and either adopt this form or amend their form to capture the relevant information.

Turnaround Time

The Committee is recommending that a response to a request for medication consent should be completed within 24-hours for urgent requests and 48-hours for routine requests. All parties should understand the consequences of not meeting these timelines, including the potential for psychiatric hospitalization, unnecessary care and costs, and disrupted placements. A quick turnaround time is often needed to prevent disruption in placement or the need for a higher level of care, such as residential treatment or hospitalization. Preserving placements not only saves money, but more importantly, it saves children and youth from additional trauma.

CONCLUSION

The work of ensuring the appropriate use of psychotropic medications for Colorado's children and youth in out-of-home care and to integrate medications into comprehensive physical and behavioral health care is multi-faceted. There are many people that touch the lives of these children and youth and it is essential that they are all working together for the best possible outcomes. To that end, the Psychotropic Medication Steering Committee has made the following recommendations:

- Data and Safeguards
  - Review data of prescribing practices
  - Require prior authorization and drug utilization review on prescribing practices that raise red flags
  - HCPF communication with prescribers, facilitating the examination of current practices and collaboration with prescribers

- Communication and Coordinated Care
  - Implementing a medical home model through the Accountable Care Collaborative
  - Telemedicine for underserved areas
  - Improved system for transferring records
  - Special attention to transitioning youth
  - Consistent guidelines for a psychopharmacology assessment

- Consent
  - Streamlined consent process
  - Uniform consent form
  - Turn-around time for consent

The Committee continues to evolve and upon approval of the above recommendations, will move into the next phase of guiding the implementation of these recommendations.

APPENDIX A- Colorado AP 11-27-12

MEDICAID MEDICAL DIRECTORS
LEARNING NETWORK

Antipsychotic Medication Use in Medicaid Children and Adolescents — Colorado

Background

Supported by the Agency for Healthcare Research and Quality (AHRQ) since 2005, the MMDLN, as an integrated national resource, seeks to advance the health of Medicaid patients in over 40 member States and across the Nation while best stewarding available resources. The network is focused on the development and use of evidence-based medicine, measurement and improvement of health care quality, and the redesign of health care delivery systems.

The increased use of antipsychotic (AP) medications present quality and value challenges for payers, patients and clinicians. These challenges occur in the context of widespread need for mental health services for children and adolescents who face a variety of barriers to mental health evaluation and treatment.

In response to these concerns, this brief is a follow-up to the MMDLN's *Antipsychotic Medication Use in Medicaid Children and Adolescents: Report and Resource Guide From a 16-State Study*, from 2004-2007 which can be found at: (http://rci.rutgers.edu/~cseap/MMDLNAPKIDS.html). Please reference this guide for variable definitions.

Methods

The rates of AP medication use in 9 of the 16 original States were defined and calculated similarly to the 16-State study. (However, Maine and Pennsylvania used a slightly different medication list than the other 7 States.)

- Calculated by dividing the number of medication users by the total populations each year (e.g. more than 1 month eligibility).
- Based on the 2008-2011 calendar year, we calculated the minimum, maximum, and median for the 9 States in order to examine trends.

Comparing calculations between this 9-State study and the 2004-2007 16-State study is not possible due to the absence of several large State populations. However, States with significant changes were asked to feature their programs, practices, and policies alongside the reported outcomes.

In 2011, we assessed antipsychotic (AP) and mental health drug (MHD) utilization in Colorado's State Medicaid program (414,880 enrolled children/adolescents). Key findings and trends are discussed below. Arrows indicate increase or decrease in use from 2008-2011.

Key findings from AP medication use in 2011

Among Medicaid enrolled children/adolescents, AP medication users comprise:

- 1.5% (6,128) of all enrolled children/adolescents (N=414,880) ⇩
- 0.1% (167) of all enrolled children ≤ 5 years old (N=186,302) ⇩
- 11.2% (761) of all enrolled foster care children/adolescents (N=19,934) ⇩

Of the AP medication users:

- 3.4% (206) are at or above a maximum dose (i.e. Texas' foster care prescribing parameters) (N=6,128) ⇩
- 21.6% (1,302) are prescribed multiple AP medications (≥2) (N=6,015) ⇩
- 24.4% (1,336) have a >20-day gap in supply (N=5,474) Same ⇔

Key findings from Mental Health Drug (MHD) use in 2011:

- 4.8% (20,040) of children/adolescents enrolled in Medicaid were taking a MHD (N=414,880) ⇧
- 13.0% (2,615) of users take multiple MHDs (≥4) (N=20,040) ⇩

Colorado is taking a number of different approaches to improve the appropriate use of AP medications and MHDs:

Atypical antipsychotic (AAP) medications were added to the Preferred Drug List beginning April 1, 2010, and the class has since been reviewed annually. Quantity limits have been built into the pharmacy claims system starting in April 2010, requiring prior authorization for both max dose and doses per day in accordance with FDA approved dosing regimens for AAP agents. A restriction was put into place (April, 2010) requiring prior authorization for any new AAP medication prescription in children under 5 years of age. This prior authorization must be manually reviewed by a clinical health professional at the Department of Health Care Policy and Financing. Non-preferred products are limited to FDA approved indications only. With input from the Drug Utilization Review Board, an antipsychotic medication prescribing algorithm was created and made available through the Department Web site to assist prescribers in making product selections based upon indication and patient specific factors. The algorithm is now undergoing its second update with assistance from experts on the Board. The Department has worked with prescribers and behavioral health organizations to match child psychiatrists with prescribers for consults and referrals when necessary. Members of the Department of Health Care Policy and Financing are currently working with experts from the Colorado Department of Human Services and several State experts in pediatric mental health to produce the "Guidelines for Psychotropic Medications use for Children and Adolescents in the Child Welfare System."

The MMDLN is funded by an AHRQ contract to AcademyHealth. The funding supports in person meetings, Web conferences, and other activities that help the members use evidence-based research findings to make policy decisions. The views expressed in this document do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the fact that AHRQ is funding this group imply endorsement of any publications or policy statements that come out from the MMDLN.

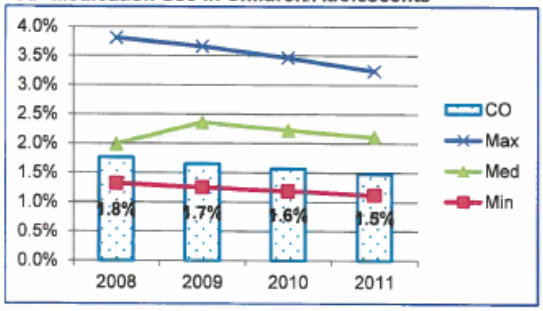
Antipsychotic Medication Use in Medicaid Children and Adolescents — Colorado

Compared to the 9-State average, Colorado has lower rates for both AP medication and MHD use. Similar to the 9-State average, the number of users in Colorado increased for older children/adolescents.

AP Medication and MHD Use by Age

Age Years	All AP Users		All MHD Users	
	CO	9-State Average	CO	9-State Average
0-5	0.1%	0.2%	1.1%	1.8%
6-11	1.6%	2.3%	6.1%	9.4%
12-18	3.9%	4.4%	10.2%	13.8%

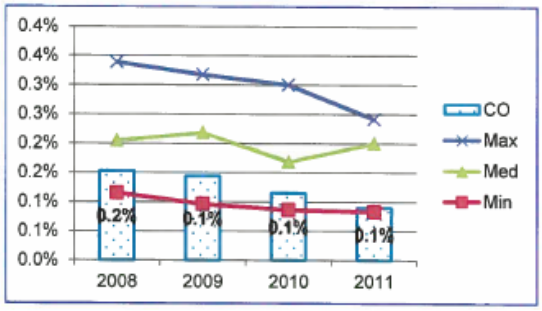
AP Medication Use in Children/Adolescents



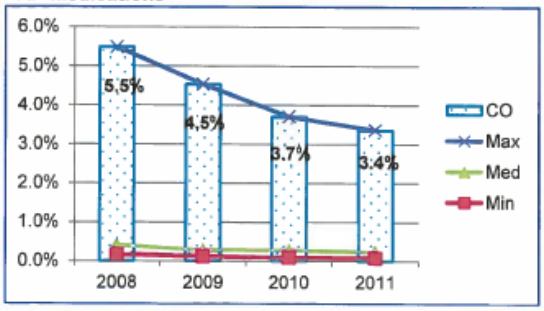
Within Colorado the percentage of children using AP medications decreased slightly from 2008-2011. The proportion was highest among the Foster Care (11.2%) and the 12-18 age group (3.9%).

In Colorado, the percentage of children age 5 and younger using an AP medication remained almost the same from 2008 to 2011. In 2011, Colorado had the lowest rates on this measure compared to the other eight States during this time period.

Children Age Five Years and Younger Using AP Medications



Children/Adolescents Prescribed a High Dose of AP Medications



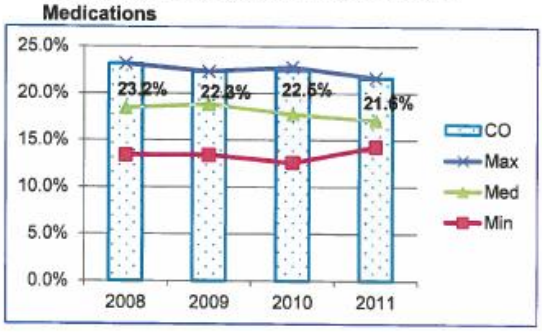
In Colorado, the percentage of children/adolescents prescribed AP medications at two or more times the maximum dose decreased between 2008 and 2011, but remained the highest rate for this measure among the 9-States. In 2011, rates on this measure were highest among the age 6-11 (6.4%), followed by foster care (4.3%).

9 States: Colorado, Maine, Missouri, New Hampshire, New York, Oklahoma, Pennsylvania, Tennessee, Colorado

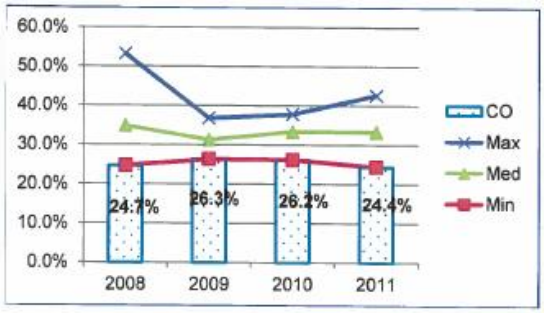
Antipsychotic Medication Use in Medicaid Children and Adolescents — Colorado

In Colorado, the percentage of children/adolescents prescribed two or more AP medications decreased between 2008 and 2011. Rates on this measure were highest in Colorado among the 9 States. In 2011, rates on this measure were highest among the foster care (25.5%), and 12-18 years age group (23.0%).

Children/Adolescents Using Two or More AP Medications

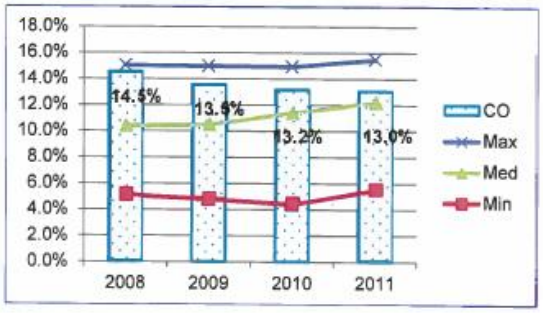


Children/Adolescents with More Than a 20 Day Gap in AP Medication Supply



In Colorado, the percentage of children/adolescents with a gap in supply of greater than 20 days between consecutive AP medication prescriptions fluctuated between 2008 and 2011. In 2011, rates on this measure were highest among the age 6-11 years age group (28.0%).

Children/Adolescents Using Multiple Mental Health Drugs



Within Colorado, the percentage of children/adolescents using multiple (four or more) MHDs decreased slightly between 2008 and 2011. In 2011, rates on this measure were highest among the foster care (24.3%), and 12-18 years age group (15.7%).

9 States: Colorado, Maine, Missouri, New Hampshire, New York, Oklahoma, Pennsylvania, Tennessee, Colorado

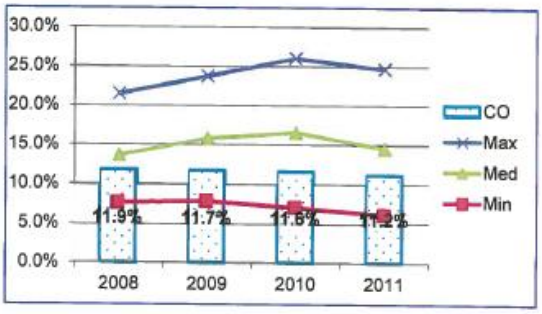
AP Medication and MHD Use in Foster Care

Foster Care and Non-Foster Care AP and MHD Users

Foster Care Status	AP		MHD	
	CO	9-State Average	CO	9-State Average
Foster Care	6.2%	14.0%	20.8%	26.6%
Non-Foster Care	1.0%	1.8%	6.0%	7.4%

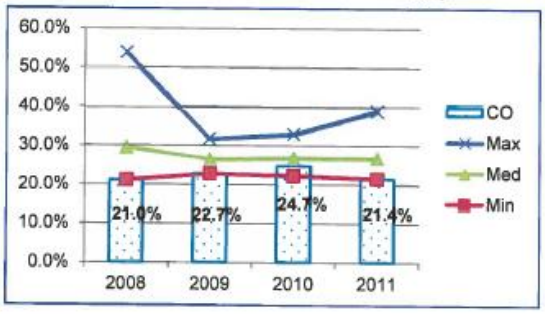
Compared to the 9-State average, Colorado had a lower percentage of foster care children/adolescents using AP medications or MHDs.

Foster Care Children/Adolescents Using AP Medications



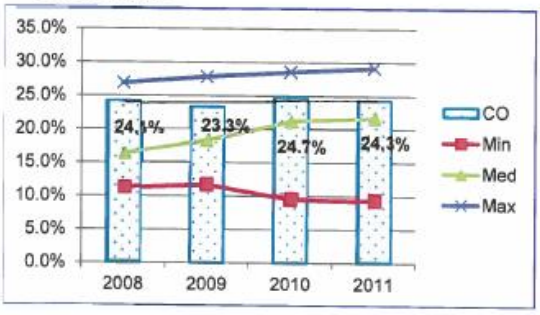
The percentage of children/adolescents in foster care using AP medications in Colorado was lower than the 9-State median across time. Overall, the proportion decreased slightly from 2008 to 2009.

Foster Care Children/Adolescents with More Than a 20 Day Gap in AP Medication Supply



In Colorado, the percentage of children/adolescents in foster care with more than a 20-day gap in AP medication supply fluctuated between 2008 and 2011. The rate of this measure was one of the lowest across time among the 9 States.

Foster Care Children/Adolescents Using Four or More MHDs



In Colorado, children/adolescents in foster care using multiple (four or more) MHDs fluctuated across 2008 and 2011 and remained slightly above the 9-State median over this time period.

9 States: Colorado, Maine, Missouri, New Hampshire, New York, Oklahoma, Pennsylvania, Tennessee, Colorado

APPENDIX B- Fact Sheets

What Do Providers need to know about the ACC?

Accountable Care Collaborative "101":
Coordinating Services between the Child Welfare System, Primary Care Medical Homes and the ACC

What is the Accountable Care Program?
The ACC is a Medicaid program to improve clients' health and reduce costs. Medicaid clients in the ACC receive the regular Medicaid benefit package and are enrolled in a Regional Care Collaborative Organization (RCCO). Medicaid clients also choose a Primary Care Medical Provider (PCMP).

Central Goals:
• Improve health outcomes through a coordinated, client-centered system; and
• Control costs by reducing avoidable, duplicative, variable and inappropriate use of health care resources.

Key Components:
Seven Regional Care Collaborative Organizations (RCCOs) provide:
- Medical management, particularly for medically and behaviorally complex clients, to ensure they get the right care, at the right time and in the right setting;
- Care coordination among providers and with other services such as behavioral health, long-term supports and services, Single Entry Point (SEP) programs and other government social services such as food, transportation and nutrition; and
- Provider support such as assistance with care coordination, referrals, clinical performance and practice improvement and redesign.

What does this mean for me as a provider to children in the child welfare system?
- RCCO staff provides you with care coordination, as needed.
- RCCOs and the assigned PCMP have the ability to see Medicaid paid claims that can help providers determine where a child has been seen in the past. This will speed up the search for medical and behavioral health records that may be needed by providers for immediate and urgent treatment needs.
- RCCOs have the ability to access claims for behavioral health and pharmacy.
- The RCCO staff can assist with locating available physical, oral and behavioral health providers and other medical and non-medical community supports for the family and the child/youth.
- RCCO staff can assist with coordination between physical health and behavioral health and can help arrange for services.
- RCCO staff can assist when physical health services or supports are denied or partially approved.
- RCCO staff can help you with prior authorization issues, available benefits and services and access to medically necessary care.
- RCCOs can help access EPSDT services and supports as needed to meet federal requirements.

The RCCO staff are only available during regular business hours.

If you are a part of a hospital system, you may also have access to the Colorado Regional Health Information Organization (CORHIO), which may help locate information about emergency room visits and other hospital-based services before the information becomes available within Medicaid's claims system. CORHIO is a nonprofit, public-private partnership that is improving health care quality for all Coloradans through cost effective and secure implementation of health information exchange (HIE). CORHIO is designated by the State of Colorado to facilitate HIE.

CORHIO works closely with and among communities across Colorado to develop and implement secure systems and processes for sharing clinical information. CORHIO collaborates with health care stakeholders including physicians, hospitals, clinics, mental health, public health, long-term care, laboratories, imaging centers, health plans and patients.

To see if you are eligible for this service, please visit http://corhio.org/contact-us.aspx.

Accountable Care Collaborative and Child Welfare Case Workers

ACCOUNTABLE CARE COLLABORATIVE "101" FOR THE CHILD WELFARE CASE WORKER

What is the Accountable Care Collaborative?

The Accountable Care Collaborative (ACC) is the new delivery system for Medicaid in Colorado. "Colorado is one of a handful of states piloting innovative health care payment and delivery reforms through Medicaid. Under the Accountable Care Collaborative Program, which began enrollment in May 2011, the state Medicaid agency contracts with seven regional organizations to create networks of primary care providers and ensure care coordination for Medicaid enrollees. Providers receive increased payments, and will eventually be eligible for incentives and shared savings and risk agreements. Results from November 2012 show reduced use of acute care, better control of chronic conditions, and lower total costs among enrollees."[1].

The ACC is a Medicaid program to improve clients' health and reduce costs. Medicaid clients in the ACC receive the regular Medicaid benefit package, and are enrolled in a Regional Care Collaborative Organization (RCCO). Medicaid clients also choose a Primary Care Medical Provider (PCMP).

Central Goals

- Improve health outcomes through a coordinated, client-centered system; and
- Control costs by reducing avoidable, duplicative, variable and inappropriate use of health care resources.

Key Components:

Seven Regional Care Collaborative Organizations (RCCOs) provide:

- Medical management, particularly for medically and behaviorally complex clients, to ensure they get the right care, at the right time and in the right setting;
- Care coordination among providers and with other services such as behavioral health, long-term supports and services, Single Entry Point (SEP) programs and other government social services such as food, transportation and nutrition; and
- Provider support such as assistance with care coordination, referrals, clinical performance and practice improvement and redesign.

What do I need to know about this program?

The ACC is not a traditional managed care program. While children are assigned to a provider, they are not locked into that provider and may see any provider who accepts Medicaid. The child's provider, along with the name of the RCCO, will appear on the eligibility print out from Medicaid.

Children in child welfare are passively enrolled into a RCCO. They are assigned to the last provider they may have visited and a list of these assignments is forwarded every month to the county who

[1] The Commonwealth Fund, **Authors:** Diana Rodin, M.P.H., and Sharon Silow-Carroll, M.B.A., M.S.W

has custody. If you or your manager is not receiving a copy of this list, please send an email to Catania Jones at Catania.jones@state.co.us and request to be added to the distribution.

How does being in a RCCO benefit the children/youth on my caseload?

- When you need assistance with a child, including but not limited to:
  - Facilitating the location of medical records, including immunization records, and behavioral health treatment records.
  - Locating providers such as physical, oral health and behavioral health providers and specialists
  - Locating community services
- RCCO staff can help you meet the required medical and dental visits; coordinate physical health and behavioral health; and can help arrange for services, as needed.
- RCCO staff can help when services or supports are denied or partially approved.

A child must be enrolled in the ACC in order to utilize ACC care coordination services.

What do the RCCOs need from me as the case worker?

- Serve as the focal point of contact for releases
- Information on choice of care and if the child is placed out of the county or service area

For more information on the ACC, including a listing of the ACC contracts and their service areas, please visit: www.colorado.gov/hcpf and enter Accountable Care Collaborative in the search engine.

ACC Case Workers and Child Welfare Programs

CHILD WELFARE "101" FOR THE ACCOUNTABLE CARE CARE COORDINATOR AND PROVIDERS

Child Welfare - Program Description
Child Welfare is a division of the Colorado Department of Human Services and is located in the Office of Children, Youth and Families. It consists of a group of services intended to protect children from harm and to assist families in caring for and protecting their children. Taken together, these programs comprise the main thrust of Colorado's effort to meet the needs of children who must be placed or are at risk of placement outside of their homes for reasons of protection or community safety. The delivery of Child Welfare Services in Colorado is primarily a state-supervised, county administered system.

Division of Child Welfare Vision:
Colorado's children live in a safe, healthy and stable environment.

Mission:
Everything we do enhances the delivery of child welfare services so that Colorado's children and families are safe and stable.

What do you need to know about this program?

Children in the child welfare system are required to have the following services:

- A full medical examination scheduled within fourteen (14) calendar days after initial placement.
- A full dental examination scheduled within eight (8) weeks after initial placement.
- Ongoing medical and dental care is to be provided in a timely manner.
- A regular schedule of appointments should be maintained in subsequent placements.

County child welfare departments are required to document these appointments in the case record.

Children may have a need to have additional services, such as additional well child visits, oral health care visits, or screenings. Please see AAP recommended schedule at http://www2.aap.org/fostercare/.

Responsibility:

Children in child welfare are typically in county custody and the county department is typically the entity to provide any consent to treat.

Children may move in and out of service areas across the state. Regional Care Collaborative Organizations (RCCOs) must work together to serve a child effectively.

APPENDIX C-

Proposed Consent Form for Psychotropic Medications

Child/Youth's Name: _____ DOB: _____

Date:_____ Psychiatric or Medical Provider: _____

These are the current medications:

_____ _____

_____ _____

_____ _____

_____ _____

New medications being prescribed are:

_____ _____

_____ _____

_____ _____

_____ _____

I have been informed of:

□ My diagnosis

□ The name of the medication prescribed

□ The reason the medication was prescribed

This medication is intended to address the following symptoms:

_____

_____

(□ Check if medication information sheet attached instead)

□ Usual use of the medication (*Adequate dose, frequency of dose, and duration of the medication treatment, maximum recommended dose*)

□ Description of the benefits expected

□ The common side effects

□ The risks of taking the medication

□ The probable consequences of not taking the medication

□ Alternatives to the medication

□ My right to obtain a second opinion

Printed information was provided to the family or caregiver on _____.

Is important to remember in Colorado that:

- 98 percent of children in the child welfare system have been exposed to trauma or a traumatic event.
- The average length of stay in the child welfare system is 25.3 months.
- With multiple placements, the child may have more complex needs and require higher levels of coordination and communication among all providers.

Therefore, RCCOs should work with the county case worker to ensure that the child's physical, dental and mental health needs are being met without duplicating services as children move between placements.

Relationships:
RCCO staff and providers are expected to coordinate and communicate with DHS case workers to assist with data collection, medical records and any other information DHS staff may be required to add to their data system.

Child welfare staff is expected to provide releases, HIPAA information and any available medical or social information needed to treat the child quickly and effectively. The RCCO is a contractor of the Department of Health Care Policy and Financing and should be treated as such for HIPAA.

For more information, go to: www.colorado.gov/cdhs

APPENDIX C-

Proposed Consent Form for Psychotropic Medications

Child/Youth's Name: _____ DOB: _____

Date:_____ Psychiatric or Medical Provider: _____

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□ Description of the benefits expected

□ The common side effects

□ The risks of taking the medication

□ The probable consequences of not taking the medication

□ Alternatives to the medication

□ My right to obtain a second opinion

Printed information was provided to the family or caregiver on _____.

(Consent Form Continued)

In the event of a life threatening adverse reaction, seek emergency care.

In the event of a non-life threatening adverse reaction, if you are unable to contact your health care provider, seek emergency care.

Do not discontinue the routine use of medication without the prescribing clinician's instructions, as this could be hazardous.

For a Child or Adolescent Under 15

I understand the child cannot be compelled to take this medication and I may request the discontinuation of the medication.

I also understand that there are no guaranteed results of this medication.

I understand the benefits and the risks of this medication. On this basis, I give consent for the medication to be administered as prescribed.

_____ _____

Signature of Parent or Legal Authority Relationship

_____ _____

Signature of Youth Indicating Informed Assent Date

_____

Child Welfare Administrator (*if the parent has not consented, please check one of the options below*)

- ☐ Parent Unavailable
- ☐ Parent Refused

For Adolescent 15 Years or Older

I understand I cannot be compelled to take this medication and I may request the discontinuation of the medication.

I also understand there are no guaranteed results of this medication.

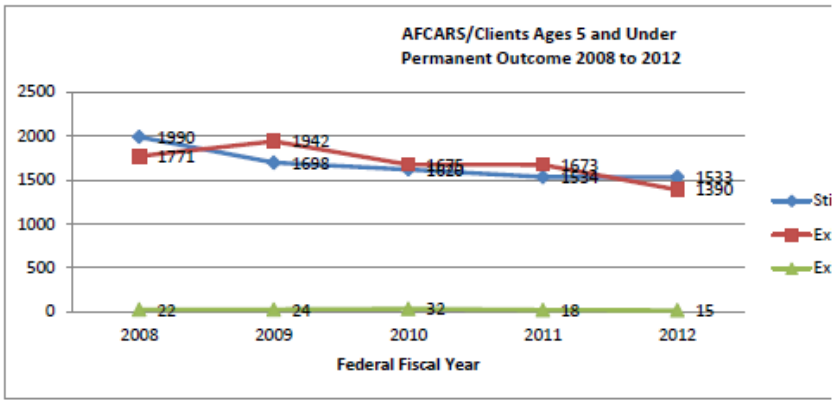
I understand the benefits and the risks of this medication. On this basis, I consent to treatment.

_____ _____

Signature of Youth Date

Appendix F Permanency Children under 5

Permanency Type	Children Five Years old or Younger that Discharge to Permanen AFCARS Data FFY 2008 to 2011					
	2008		2009		2010	
	Count	Percent	Count	Percent	Count	Percent
Still In Care	1990	53%	1698	46%	1620	49%
Exit to Permanent Outcome	1771	47%	1942	53%	1675	50%
Exit not to Permanent Outcome	22	1%	24	1%	32	1%
Total	**3783**	**100%**	**3664**	**100%**	**3327**	**100%**



	2008	2009	2010	2011	2012
Still In Care	1990	1698	1620	1534	1533
Exit to Permanent Outcome	1771	1942	1675	1673	1390
Exit not to Permanent Outcome	22	24	32	18	15

Outcomes and Indicators	Outcome Ratings			Item Ratings	
	In Substantial Conformity?	% substantially Achieved*	Met National Standards?	Rating**	Percent Strength
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect	No	73.0	Met 1 of 2		
Item 1. Timeliness of investigations				ANI	73
Item 2. Repeat maltreatment				Strength	100
Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate	No	66.2			
Item 3. Services to protect children in home				ANI	80
Item 4. Risk of harm				ANI	68
Permanency Outcome 1: Children have permanency and stability in their living situations	No	37.5	Met 3 of 4		
Item 5. Foster care reentry				Strength	93
Item 6. Stability of foster care placements				ANI	67.5
Item 7. Permanency goal for child				ANI	75
Item 8. Reunification, guardianship, and placement with relatives				ANI	65
Item 9. Adoption				ANI	26
Item 10. Other planned living arrangement				ANI	87.5
Permanency Outcome 2: The continuity of family relationships and connections is preserved	No	75.0			
Item 11. Proximity of placement				Strength	100
Item 12. Placement with siblings				ANI	68
Item 13. Visiting with parents and siblings in foster care				ANI	69
Item 14. Preserving connections				ANI	77.5
Item 15. Relative placement				ANI	65
Item 16. Relationship of child in care with parents				ANI	68

95 percent of the applicable cases reviewed must be rated as having substantially achieved the outcome for the State to be in substantial Conformity with the outcome.**
Items may be rated as Strengths or as Areas Needing Improvement (ANI). For an overall rating of Strength, 90 percent of the cases must be rated as a strength.

Table 2. Colorado CFSR Ratings for Child and Family Well-Being Outcomes and Items

Outcomes and Indicators	Outcome Ratings		Item Ratings	
	Substantial Conformity?	%Substantially Achieved	Rating**	Percent Strength
Well-Being Outcome 1: Families have enhanced capacity to provide for children's needs	No	47.7		
Item 17. Needs/services of child, parents, and foster parents			ANI	51
Item 18. Child/family involvement in case planning			ANI	62
Item 19. Caseworker visits with child			ANI	69
Item 20. Caseworker visits with parents			ANI	59
Well-Being Outcome 2: Children receive services to meet their educational needs	No	86.0		
Item 21. Educational needs of child			ANI	86
Well-Being Outcome 3: Children receive services to meet their physical and mental health needs	No	82.0		
Item 22. Physical health of child			Strength	94
Item 23. Mental/behavioral health of child			ANI	81

* 95 percent of the applicable cases reviewed must be rated as having substantially achieved the outcome for the State to be in substantial conformity with the outcome.
** Items may be rated as Strengths or as Areas Needing Improvement (ANI).
For an overall rating of Strength, 90 percent of the cases reviewed for the item (with the exception of item 21) must be rated as Strength. Because item 21 is the only item for Well-Being Outcome 2, the requirement of a 95-percent Strength rating applies.

Table 3. Colorado CFSR Ratings for Systemic Factors and Items

Systemic Factors and Items	Substantial Conformity?	Score*	Item Rating**
Statewide Information System	No	2	
Item 24. The State is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care			ANI
Case Review System	No	2	
Item 25. The State provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions			ANI
Item 26. The State provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review			Strength
Item 27. The State provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter			Strength
Item 28. The State provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act			ANI
Item 29. The State provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child			Strength
Quality Assurance System	No	2	
Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children			Strength
Item 31. The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented			ANI

Colorado Department of Human Services
people who help people

"Helping To Shape The Future"

Foster and Adoptive Parent Recruitment Strategy

August 14, 2012

Julie Krow, Office Director
Sharen Ford, Child Welfare Permanency Manager

Vision

2

Colorado's children live in safe, healthy, and stable environments

Proposed Recruitment Plan: Current Foster Parents

- **Work with county departments and community partners to design individualized support services for foster and adoptive families**
  - Fostering Hope, a faith-based foundation in Colorado Springs, provides "wrap-around" services to support foster families including but not limited to meals, respite services, and extracurricular activities for the child
- **Strategize with the Behavioral Health Organizations to provide in-home clinical services to foster and adoptive families**
  - The Division is collaborating with DBH to design a Trauma Informed System of Care that will provide in-home clinical services to foster and adoptive families, to prevent reentry into the child welfare system
  - In depth C-STAT analysis of children in out of home care for over 24 months revealed that a proportion of these children are from failed adoptions

Proposed Recruitment Plan: Performance Indicators

29

- **Analyze user feedback from Changealifeforever.org**
  - Fix data tracking and reporting features
- **Develop matrix of recruitment and retention strategies used by Market Segmentation participating counties and help track their performance**
- **Use Trails to track inquiries related to recruitment**
- **Modify the Colorado Adoption Resource Registry form to collect information about how families are identified for children in order to track the performance of our recruitment efforts**
- **Track the application progress of potential foster/adoptive parents from application to certification to placement, and follow-up with applicants who have stalled in the process**
- **Track the number of re-certifications conducted annually**
  - Certifications are good for one year
  - This modification will allow us to accurately assess our gains and losses in foster families

Proposed Recruitment Plan: Child-Specific Efforts

- **Monitor that counties are appropriately using the Colorado Adoption Resource Registry (CARR) process to ensure that children and youth are identified for recruitment efforts**
- **Work with Bethany Christian Services and Adoption Options on older youth adoptions**
  - Pilot program: Met with these agencies in July and August to discuss specialized recruitment efforts for 5 cases targeting older youth. One agency has agreed to target recruitment for one of the 43 youth we identified in C-STAT who are turning 18 within the next 12 months
- **Work with organizations to support youth who self-identify as lesbian, gay, bisexual, transgendered, questioning, and inquiring**
- **Recruit kin and/or kin-like individuals as a permanent resource**
  - HB12-1047 Kinship Waiver pending rules will increase resources
- **Create a plan to discuss "Interstate Compact on the Placement of Children" with the Court Improvement Project**
  - This would allow Colorado children/youth the opportunity for permanency outside of Colorado

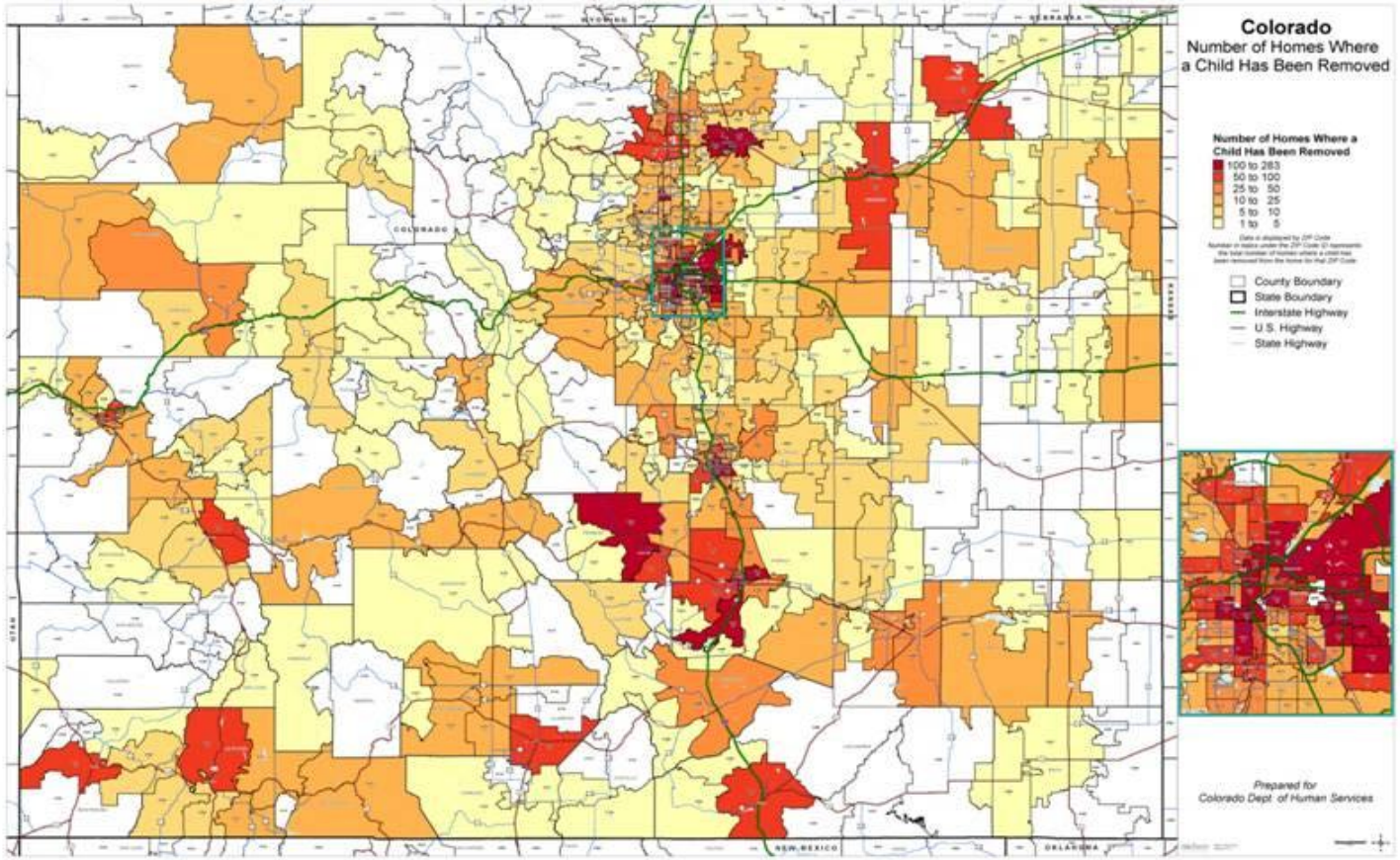
Proposed Recruitment Plan: Targeted Efforts

27

- We know that 50% of the youth who have been adopted are adopted by their foster parents
- By targeting families that resemble our successful foster parents, we increase the likelihood that more children/youth exit to permanency
- This will directly impact our C-STAT measures of children/youth exiting to legal permanence and children who have length of stay greater than 24 months

Proposed Recruitment Plan: Targeted Efforts

26



The Permanency unit developed this map to identify regions of the state with the highest needs for out of home care. They further identified regional zones where targeted recruitment efforts would be most effective

Proposed Recruitment Plan: Targeted Efforts

25

- **Convene a task group to identify potential streamlining of foster parent certification for counties and child placement agencies**
- **Culturally appropriate foster and adoptive homes for children, youth and minority populations**
  - The Child and Family Service Plan (IV-B) requires states to recruit families that look like the children and youth being served in foster care and adoption
  - The C-Stat data indicates a disproportionate number of youth in foster care over 24 months are children/youth of color
- **Develop lesbian, gay, bisexual and transgendered inclusive language for marketing materials**
- **Continue to expand and evaluate market segmentation in targeted recruitment efforts**
  - The use of market segmentation is an identified task in the IV-B State Plan and in the Title IV-E Demonstration Waiver
- **Design recruitment efforts specific to the regions identified in the State's market segmentation analysis**

Proposed Recruitment Plan: Broad Efforts

24

- ☐ **Expand Heart Gallery visibility in businesses**
- ☐ **Expand the use of social media marketing**
  - Collaborate with CDHS Communications team
- ☐ **Identify methods to use foster parents and youth as recruiters**
- ☐ **Engage media and community organizations to raise awareness regarding Foster Care and Adoption Month**
- ☐ **Create recruitment packet for distribution to businesses, churches, faith-based organizations and media**
  - County departments have requested this support
- ☐ **Utilize radio and television to create awareness**
  - One example includes a potential opportunity with CU Boulder. Marketing packages offer opportunities to reach a wide audience through television and radio outlets, highly visible wide screen scoreboard promotion, and internet advertising

Proposed Recruitment Plan

23

Our proposed recruitment strategy seeks to highlight recruitment efforts that increase public awareness, target special populations, and recruit for specific children, while also recognizing the crucial need to evaluate the effectiveness of our recruitment methods

The plan has the following components:

- Broad recruitment efforts
- Targeted recruitment efforts
- Child specific recruitment efforts
- Performance tracking of recruitment efforts
- Support for existing foster and adoptive parents

Research: Annie E. Casey Foundation

22

- **Targeted recruitment for children/youth over the age of 10, and sibling groups**
  - Provide honest profile of waiting children/youth
- **Recruitment staff handles potential foster parents from point of contact through certification of home**
- **Conduct child-specific recruitment activities**
- **Pre-service training uses solid adult learning theories that emphasize philosophy and values rather than rules and regulations**
- **Supports families with services that assist in managing the needs of the child/youth**
  - Provide in-home special support services to address behavioral issues
  - Support services provided by fellow foster parents, or staff from community partnerships

Research: Casey Family Services

21

- **Existing foster parents recruiting potential foster parents**
  - Casey Family Services provides incentives for current foster parents who recruit other families to become foster or adoptive families
- **Targeted placement by matching family strengths with the needs of the child/youth being placed**
- **Provides on-going training to their families**
- **Supports families with services that assist in managing the needs of the child/youth**
  - Provides in-home clinicians to support families and address behavioral issues

Research: Foster Parent Exit Survey

20

- **Top Five Concerns of Foster Parents**
  - Receipt of adequate information about the child/youth
  - Adequate support or services to meet the needs of the child/youth
  - Involvement in treatment planning
  - Timely response to telephone calls
  - Adequate training
- **Increasing focus on retention is important because current foster parents are the most effective recruiters of new foster parents**
- **This presents an opportunity for improving our recruitment practices by looking at the supports and services provided to foster parents. Moreover, we need to analyze the training needs of incoming and ongoing foster parents**

Research: Foster Parent Exit Survey

19

- **Primary reasons for discontinuing fostering were:**
  - When motivated to help children/youth in need:
    - Change in personal/family situation or inadequate support (30%)
    - Adopted (22%)
    - Inadequate support from the certifying agency (11%)
    - Negative effect or risks to the family (11%)
  - When adoption was their motivation:
    - 68% adopted the child/youth in their home
    - Change in personal/family situation or inadequate support (12%)
    - Inadequate support from the certifying agency (9%)
  - When motivated to care for a specific child/youth:
    - Adopted (32%)
    - Change in personal/family situation or inadequate support (17%)
    - Inadequate support from the certifying agency (13%)
    - Reunification (8%)
    - Received custody (7%)

Research: Foster Parent Exit Survey

18

- **CY 2011, 865 family foster care or kinship foster care homes were closed. Providing on average 72 months of care**
  - 497 (57%) closed for personal reasons
  - 225 (26%) adopted
  - 91 (11%) closed due to administrative reasons; however, all or some of the foster parents may still be providing care through a different foster care certificate
  - 52 (6%) failed to disclose
- **246 Exit Surveys analyzed**
- **The parents identified the following reasons for becoming foster parents:**
  - To help children/youth in need;
  - To adopt; and
  - To care for a specific child or youth

Research: Trails Data Collection

17

- **Foster / Adoptive Parent Inquiry section**
  - TRAILS has the capacity to collect and report information relevant to establishing the efficacy of recruitment efforts
  - Opportunity to identify what motivated potential parents to inquire about becoming a foster or adoptive parent
- **Only 6 counties use the foster / adoptive parent inquiry section**
  - Some counties bypass the page altogether
  - The section takes less than 2 minutes to complete
- **Opportunity to make this a mandatory section in TRAILS**

What Needs Improvement

16

- **Measuring the success of our recruitment efforts is difficult due to absence of performance indicators and information**
  - Colorado does not require counties to track recruitment information in TRAILS. Some counties track this information, but it is not standardized across the state
  - Office of Inspector General's Recruiting Foster Parents report identified lack of performance indicators as a barrier to states' ability to identify which methods of recruitment are most beneficial and cost effective
- **Providing adequate support for existing foster parents**
- **The State requires but does not fund foster parent recruitment at the county level**
- **Colorado does not explore out-of-state kinship opportunities to achieve permanency**
  - The Interstate Compact on the Placement of Children (ICPC) facilitates the placement of children/youth across state lines. Colorado receives more children than we export
- **Recruitment materials too general and do not reflect the needs of the children in our child welfare system**

What's Working Well: Child Specific Efforts

15

Heart Gallery on display at Artwork Network, Santa Fe Art District

- **Heart Gallery**
  - 50.4% of children/youth profiled in the Heart Gallery obtain permanent families
- **Adoption Exchange**
  - 113 children were placed in foster/adoptive homes over the past year (7/1/2011 – 7/30/2012)
- **Permanency Roundtables**
  - Boulder county was the first to institute Permanency Roundtables, and have 43% success rate with youth permanency/connections

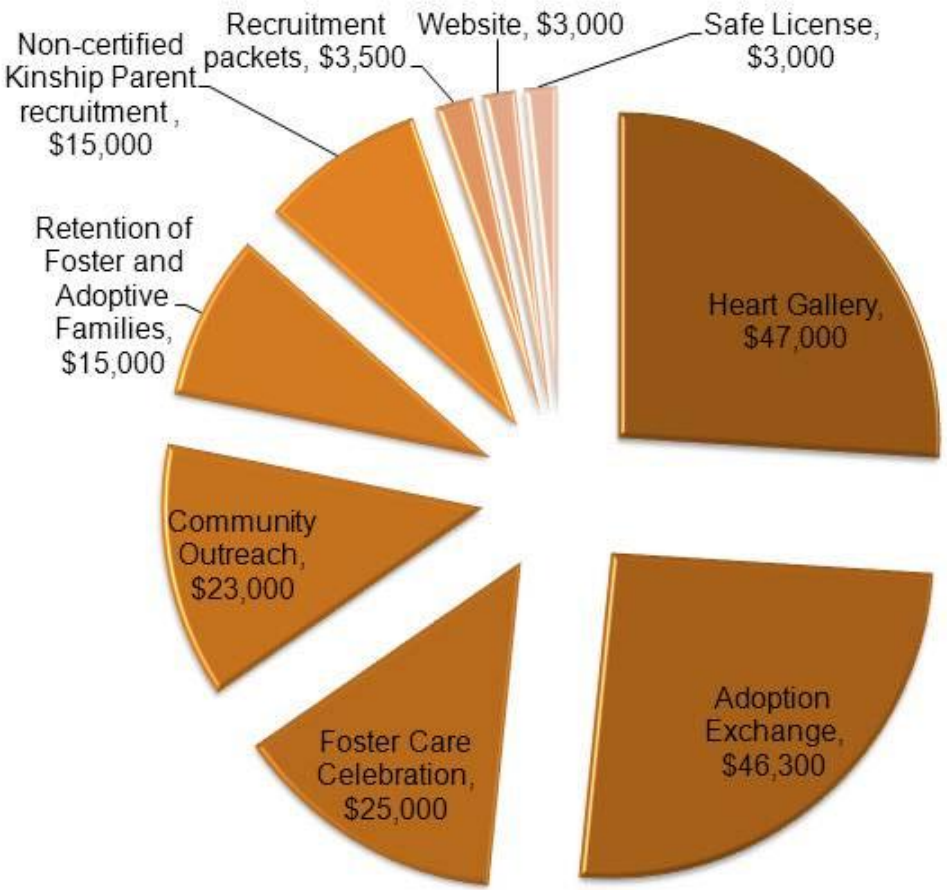
What's Working Well: Broad & Targeted Efforts

14

- **Community Outreach**
  - "Boo at the Zoo" yielded 50 new potential foster or adoptive parent referrals
- **Facebook**
  - 18% daily increase in fan base
- **Project 1.27**
  - 200 children/youth have been adopted since the inception of the partnership in 2005
- **"Wait No More"**
  - Yearly events from 2008 – 2010 yielded 369 new referrals
  - May '12 radio spot prompted 18 families to start adoption process
- **Promising results from marketing campaigns informed by market segmentation**
  - Fremont county attached a sports themed foster parent recruitment flyer to pizza boxes on Superbowl Sunday, 2/5/2012. Additional flyers were posted at local pizza restaurants after the event. In June, the county began airing hourly radio spots
  - 500% increase in inquiries related to becoming a foster or adoptive parent. The county now receives one inquiry per day (previously one per week)

SFY2012 – 2013 Budget Allocations

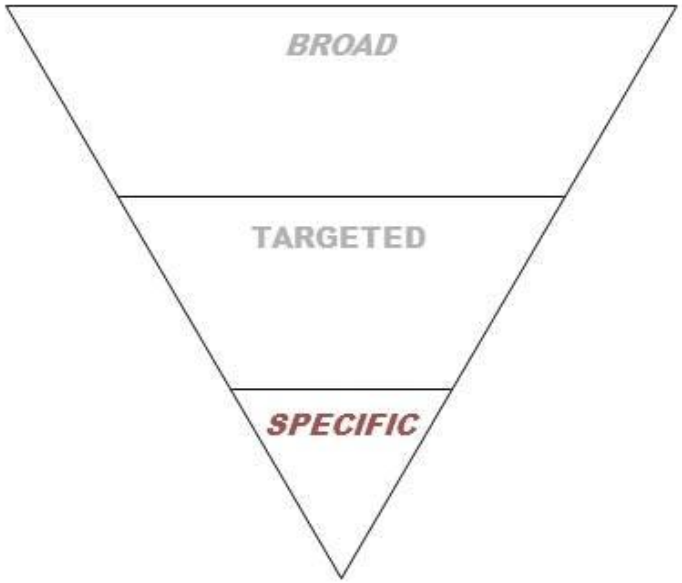
13



- Total budget for the state's recruitment and retention efforts is $180,800*
- Heart Gallery: including launch event, pictures, printing, and transportation costs
- Adoption Exchange: Our contract includes a comprehensive package of recruitment support including the Rapid Response team and television, print, and web-based media marketing services
- Foster Care Celebration is a recognition event for the state's foster parents
- Community outreach includes sponsorship of recruitment efforts at community events
- Safe License: Colorado uses a copyrighted home assessment tool that has improved the quality of our family assessments

*Does not include personnel/administrative costs for 2.5 FTE

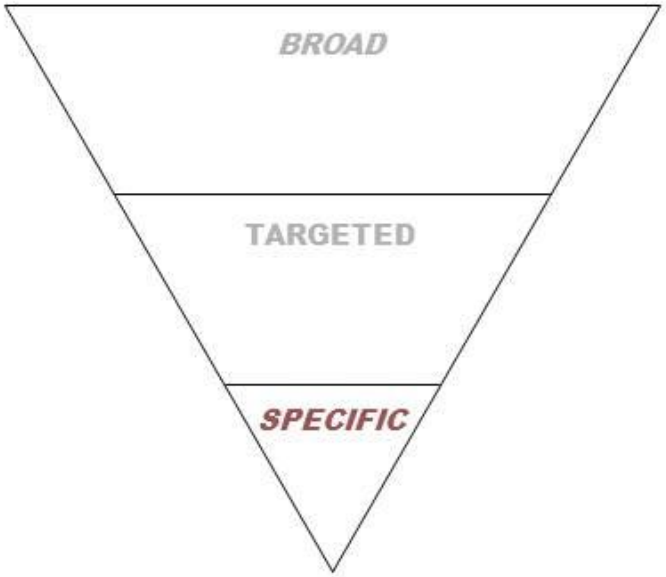
Current Recruitment Methods: Child Specific



- **Permanency Round Tables**
  - An intervention designed to facilitate the permanency planning process by identifying realistic solutions to permanency obstacles for youth. Key players, including the youth in question, convene to create individual permanency plans
- **Cross-over Youth Committee**
  - Addresses the permanency needs of youth in both child-welfare and youth corrections systems

Current Recruitment Methods: Child Specific

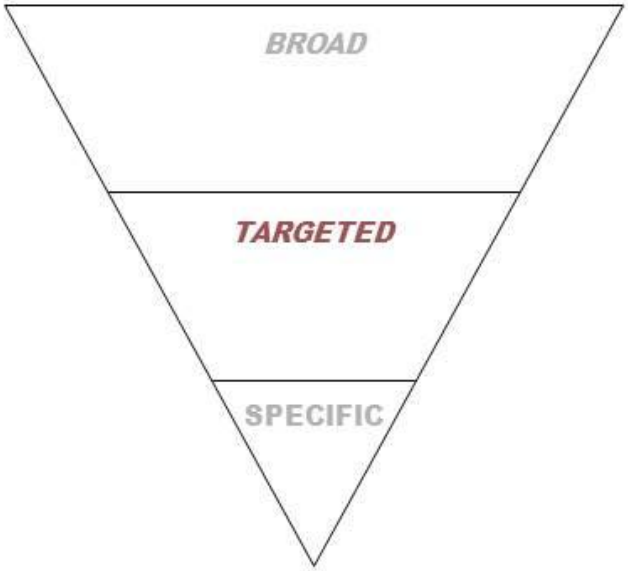
11



- **Heart Gallery**
  - A website and traveling exhibition that profiles specific children who need permanent homes
- **"Wednesday's Child"**
  - Partnership with Adoption Exchange and Channel 4 that profiles children who need permanent homes
- **Child specific recruitment by caseworkers with very small caseloads**
  - Wendy's Foundation funds two caseworkers at the Adoption Exchange who focus all of their efforts on recruiting families for their children

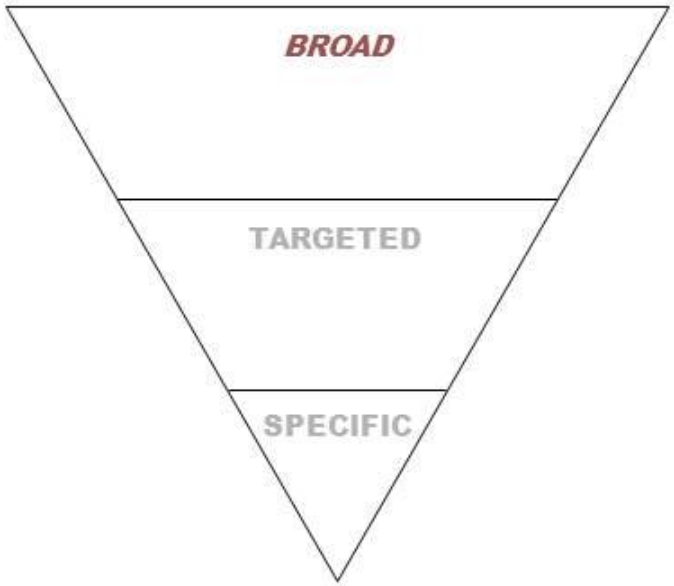
Current Recruitment Methods: Targeted

10



- **Supporting counties in marketing campaigns that are informed by market segmentation analysis**
- **Project 1.27**
  - A partnership with a non-profit organization that helps recruit, train, and support parents from the Christian community to adopt or foster children in Colorado's child welfare system
- **Wait No More**
  - A partnership with Focus on the Family that provides targeted marketing campaigns to highlight the urgent need for adoptive parents, and sponsors community outreach events

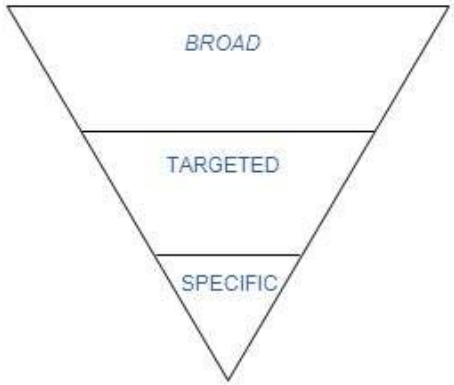
Current Recruitment Methods: Broad



- **Counties request our support in executing public outreach efforts at local community events**
- **Social Media**
  - We're exploring social media platforms as a tool to increase public awareness of Colorado's need for foster and adoptive homes
- **Public Service Announcements**
- **Fostering Families Today**
  - Partnership with a magazine publisher who profiles Colorado's foster and adoptive family needs on a bimonthly basis
- **Rapid Response Team to expedite responses to potential foster and adoptive parents inquiries**
  - Contract with Adoption Exchange that helps reduce county workload

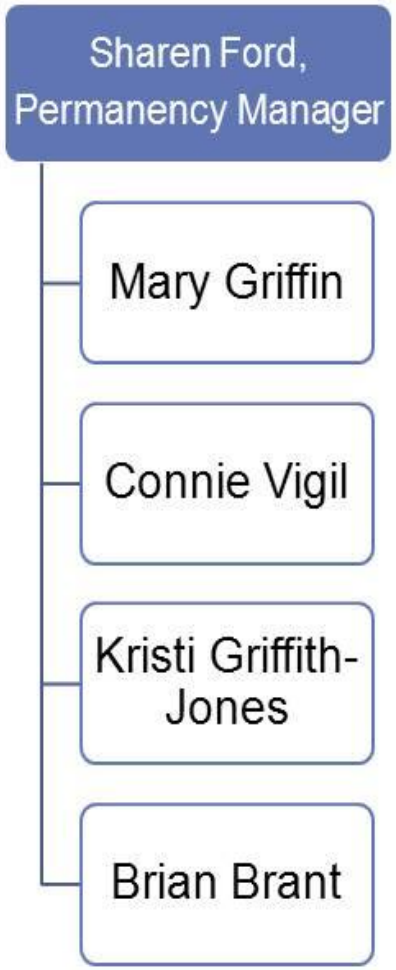
Current Recruitment Methods

- **Our current strategy is a mix broad, targeted, and child specific recruitment efforts**
  - Broad efforts seek to increase public awareness
  - Targeted efforts focus on specific populations
  - Child specific efforts are centered on an individual child
- **Colorado's recruitment efforts involve close collaboration between the state, counties, child placement agencies, and community partners**
- **Our role as the state has been to provide leadership, support, and technical assistance to our partners in their recruitment efforts**



Organization Structure

7



These two staff members helped to inform the need for specialized FTE for recruitment and retention of foster and adoptive families

Added in 2002 Long Bill Appropriation

Added in 2010 Long Bill Appropriation

Context

6

- **2010 – Long Bill Appropriation**
  - FTE hired to focus on a full range of recruitment strategies
- **2010 – Contract with National Resource Center for Recruitment and Retention of Foster and Adoptive Parents to develop a statewide strategic plan**
  - The National Resource Center recommended both state and county strategic plans for the recruitment of foster parents
  - Emphasized the need for targeted recruitment strategies and identified market segmentation as a promising practice
  - Market segmentation is an analytical tool that breaks markets into specific population segments for the purpose of concentrated marketing. This approach allows us to target recruitment efforts to find families who share similar characteristics to our current successful families
- **2012 – Where we are today**
  - 26 counties and one tribe are trained in the use of market segmentation for targeted recruitment efforts
  - Two recruiters provide monthly support to counties

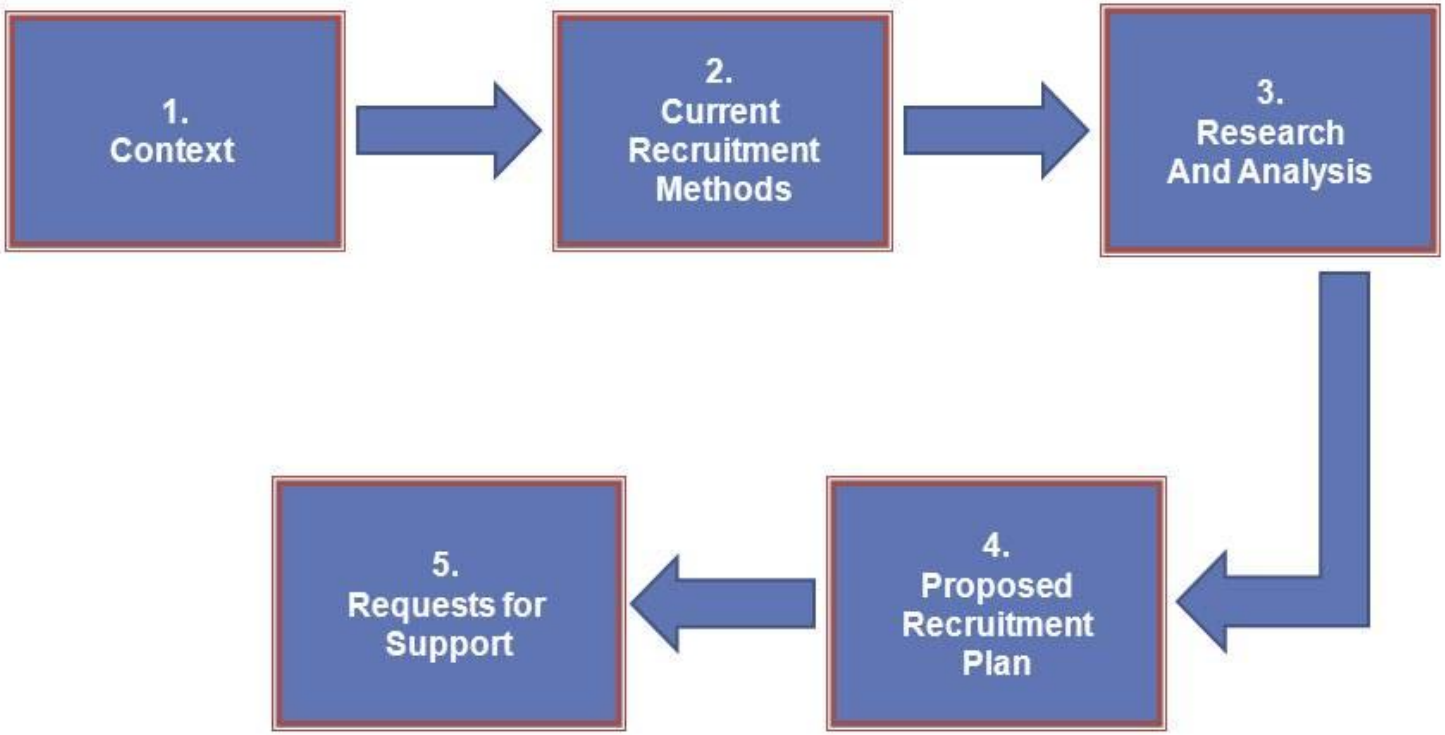
Context

5

- **2002 – Long Bill Appropriation**
  - FTE to assist county departments in recruitment and retention activites for foster/adoptive homes
- **2008 – Foster Care and Permanence Task Force (SB07-64)**
  - Increased recruitment funding
  - Increased recruitment staffing
  - Increased foster and adoptive homes that reflect the ethnic and racial diversity of the children
  - Fund or require monitoring county recruitment plans
- **2009 – Federal Child and Family Services Review**
  - Recommended improvements to Colorado's recruitment and retention practices
- **2009 - Policy Studies, Inc. and American Humane Association Assessment of the Division of Child Welfare**
  - With 64 counties to serve, there is a legitimate need for additional positions to focus on recruitment and retention activities

PROPOSAL PRESENTATION

4



Scope of the issue

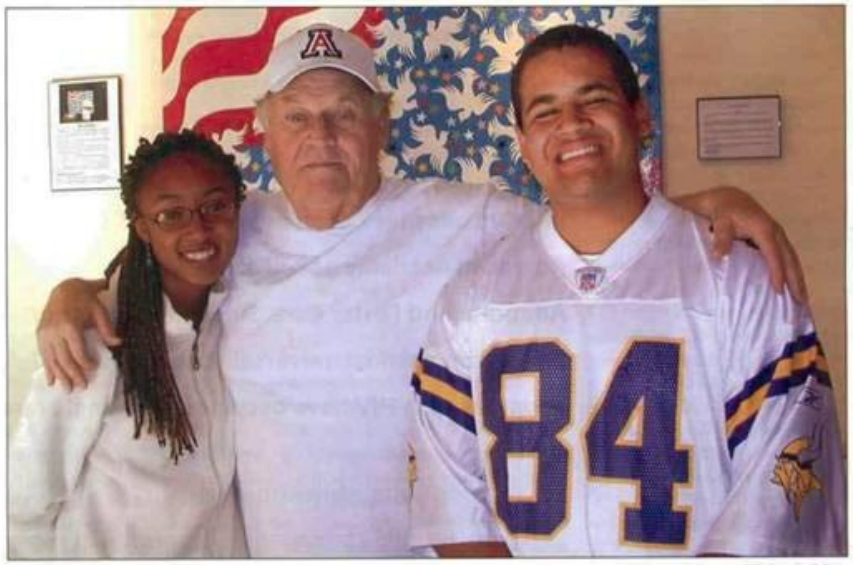
3

- **At the end of FY 2011, there were 39,403 children in open cases**
- **Of the 39,403 children in open cases, 11,153 were in out of home placements**
  - 2,466 were in residential facilities
- **Colorado has:**
  - 2800 foster homes
  - 38 group homes
  - 32 group centers
  - 73 residential facilities
- **At end of 2011, Colorado gained approximately 543 families, but lost 865 family foster / kinship homes, a net loss of 322 homes**
- **As of 6/30/12, we have 1,105 children who need permanent homes**

Thank You !!!

35

Thank you for helping to shape the future



Needed Support

34

Funding for staff support

- Monitoring Colorado Adoption Resource Registry to confirm counties are using it to document which children/youth who need permanent homes and the performance outcomes of the recruitment efforts
- FTE or contract with vendor to follow-up with families stalled in the certification process
- Child Specific recruiters (focused on 15-17 year olds - using Wendy's Wonderful Kids model)

Needed Support

33

Funding for initiatives

- Conduct pilots in a couple of counties (large and mid-size counties) to employ ideal recruitment and retention strategies including:
  - Incentivized referrals from existing foster parents
  - Mandatory TRAILS fields that capture recruitment information, and generate performance reports
  - Recruitment efforts that include out-of-state, relative and non-relative foster and adoptive family placements
  - County specific rapid response team for recruitment
  - Specialized staff that support families from inquiry through certification to placement
  - Streamlined documentation requirements for pilot group
  - "Wrap-around" services for new and existing families

Needed Support

32

- Partnership with the Communications team to brainstorm and develop innovative foster and adoptive parent recruitment strategies, and promote engagement for this issue at every level of the agency
- Inter-office collaboration to streamline services provided to our existing and future foster/adoptive families
- Inter-agency collaboration sponsored by Governor's Office to address our need for foster and adoptive families, mentors, and community supporters for existing foster and adoptive families
- New community partners that will allow us to engage potential families who resemble our most successful foster and adoptive families
- Technology to facilitate our recruitment efforts, and capture relevant recruitment information to gauge our performance
  - Trails enhancements and any other technology that will help to inform and/or improve our recruitment practices
- Sub-PAC support to convene a 10-month task group to develop recommendations and potential rule rewrite for a streamlined foster parent certification process

Proposed Recruitment Plan: Current Foster Parents

31

- **Redesign and expand the training offered to foster families to include specialized training related to the types of children/youth for whom they provide care**
  - Expanded and updated training for foster families will be an important component to the redesigned Child Welfare Training Academy
- **Engage our partners (counties, child placement agencies and community stakeholders) in creating mentoring and training programs for foster and adoptive children/youth that focus on life skills such as anger management, healthy communication and problem-solving**

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2014, October 1, 2013 through September 30, 2014

1. State or Indian Tribal Organization (ITO): Colorado	**2. EIN: 84-0644739**
3. Address: **1575 Sherman Street** **Denver, CO 80203**	**4. Submission:** [XX] New [ ] Revision
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds	$3,995,880
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)	$399,588
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.	$3,289,685
a) Total Family Preservation Services	$777,421
b) Total Family Support Services	$777,421
c) Total Time-Limited Family Reunification Services	$777,421
d) Total Adoption Promotion and Support Services	$777,421
e) Total for Other Service Related Activities (e.g. planning)	$5,000
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)	$175,000
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)	$207,819
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)	$0
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS $_400,000_____, PSSF $_330,000_____, and/or MCV(States only)$__20,000_____.	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS $_____, PSSF $_____, and/or MCV(States only)$_____.	
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)	416,643
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds	2,160,123
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	65,000
11. Estimated Education and Training Voucher (ETV) funds	688,341
12. Re-allotment of CFCIP and ETV Program Funds:	
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program	0
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program	$0
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program	$250,000
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program	$80,000
13. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.	
Signature and Title of State/Tribal Agency Official	**Signature and Title of Central Office Official**

a)
D7*0.1

b)
e)
e)
e)
e)
c)

d)

f)

as per prior yr
(approx 10%
grant)

g)
h)

i) same as PIII
j)

as per prior yr

as per prior yr

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

State or Indian Tribal Organization (ITO) Colorado For FFY OCTOBER 1 ,2013 TO SEPTEMBER 30, 2014

SERVICES/ACTIVITIES	TITLE IV-B (a) Subpart I- CWS	TITLE IV-B (b) Subpart II- PSSF	TITLE IV-B (c) Subpart II- MCV *	(d) CAPTA*	(e) CFCIP	(f) ETV	(g) TITLE IV-E	(h) STATE, LOCAL, & DONATED FUNDS	(i) NUMBER TO BE SERVED Individuals	(i) NUMBER TO BE SERVED Families	(j) POPULATION TO BE SERVED	(k) GEOG. AREA TO BE SERVED
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)		777,421						270,000				
2.) PROTECTIVE SERVICES				416,643				-				
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)		777,421						270,000				
4.)TIME-LIMITED FAMILY REUNIFICATION SERVICES		777,421						270,000				
5.) ADOPTION PROMOTION AND SUPPORT SERVICES		777,421						270,000				
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)		5,000						1,500				
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	3,596,292						13,952,372	78,353,626				
(b) GROUP/INST CARE												
8.) ADOPTION SUBSIDY PMTS.							15,521,132	15,521,129				
9.) GUARDIANSHIP ASSIST. PMTS.							25,404	25,404				
10.) INDEPENDENT LIVING SERVICES					2,160,123			1,893,598				
11.) EDUCATION AND TRAINING VOUCHERS						688,341		152,407				
12.) ADMINISTRATIVE COSTS	399,588	175,000	-				30,442,860	50,451,264				
13.) STAFF & EXTERNAL PARTNERS TRAINING							3,146,603	3,197,394				
14.) FOSTER PARENT RECRUITMENT & TRAINING							16,996	16,996				
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING							16,996	16,996				
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING												
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING			207,819					16,812				
18.) TOTAL	3,995,880	3,289,684	207,819	416,643	2,160,123	688,341	63,122,363	150,727,126				

*** States Only, Indian Tribes are not required to include information on these programs**

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) : Fiscal Year 2011: October 1, 2010 through September 30, 2011

1. State or Indian Tribal Organization (ITO): Colorado	2. EIN: 84-0644739	3. Address: 1575 Sherman St., Denver, CO 80203				
4. Submission: [ ] New [XX] Revision						
Description of Funds	*Estimated Expenditures*	*Actual Expenditures*	*Number served*		*Population served*	*Geographic area served*
			Individuals	*Families*		
5. Total title IV-B, subpart 1 funds	4,195,971	4,195,471				
a) Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)	413,594	419,547				
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)	3,325,929	3,325,929				
a) Family Preservation Services	817,732	803,135				
b) Family Support Services	817,732	803,135				
c) Time-Limited Family Reunification Services	817,732	803,135				
d) Adoption Promotion and Support Services	817,733	803,136				
e) Other Service Related Activities (e.g. planning) BGy3	5,000	5,806				
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment after October 1, 2007) BG0E	50,000	107,583				
7. Total Monthly Caseworker Visit Funds (STATE ONLY)	197,918	197,918				
a) Administrative Costs (not to exceed 10% of MCV allotment)	19,500	0				
8. Total Chafee Foster Care Independence Program (CFCIP) funds	2,500,762	2,500,762				
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	60,000	66,860				
9. Total Education and Training Voucher (ETV) funds	833,917	833,917				
10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.						
Signature and Title of State/Tribal Agency Official	*Date*	*Signature and Title of Central Office Official*				*Date*

Revised to use award amounts and actual expenditures as per the SF-425 reports.